THE LANCET.

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LECTURES

BY

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ON

Operative Surgery;

Delivered at St. Bartholomew's Hospital.

Ear.—Now, then, I may say, with respect to operations about the ear, that syringing the ear is necessary, if there is wax in it. If there be wax in it, it may be got out by syringing, but depend upon it you will never syringe it successfully with an elastic bottle—it must be done with a brass syringe. Quacks and Aurists get reputation for this when surgeons lose it, not because the quack has more knowledge of his profession, but because he takes more pains than the surgeon. There was an inquiry set on foot to know what was the best solvent of wax, and warm water was found to be the best. Where there is wax in the ear, you should endeavour to put in a little water with a camel hair pencil to soften it; but you should also have a brass syringe, and holding the pinna of the ear, you must throw it down with very great force indeed, and you must do this repeatedly before you can remove the wax. I have seen wax so empacted on the table of the ear, that if you had taken a little piston, and tried to ram it down into the ear as full as you could, you could never have put a particle more into it, and after having been syringing for a long time, I have got away a large flake of wax that lay upon the tympanum. That flake prevented the vibration of sound upon the tympanum.

I only want to impress upon your minds, that the syringing ought to be done attentively, and by the best contrivance. Well, then, there is a *speculum auris*. I am not one of those who are fond of many instruments, but the speculum auris will expand the ear. I don't know that it's an instrument of any great importance, but it is one of the instruments that is used in this proceeding.

Then you have instruments for getting out bodies, foreign bodies that may have got into the ear, and been pushed into its base. Beans, for instance, and things of that kind. Now they contrived to make a pair of forceps with separate legs, and they say, if you can get one leg behind the body, you will keep it from receding, and if you put the other over it, you keep it between a sort of forceps, and by sliding down a ring upon them, you make them gripe with more force. There are other contrivances for the purpose. This was the invention of somebody in the Hospital, but I forget of whom, to get the leg of the forceps to go past the body, because if you take a common pair of forceps, you will push the body further in.

Now I remember, not a very great many years ago, that there were paragraphs put into the newspapers, about a child having got something into its ear, which could not be got out. The poor child was in great agony, and it was said that this foreign body produced irritation in the child's brain, and I don't know what all. As the British public are very much alive to humanity, there were, morning after morning, in the papers, paragraphs exhorting the friends of this family not to be afraid, for the body would come out. To these paragraphs, I confess to you, I added one myself, and it was to the following effect:—A child got a bead from its mother's necklace; it was a large bead, and in playing with it, it put it into its ear. In trying to get it out, she only poked it further down. In others attempting the same thing, they only made bad worse in the same manner. A surgeon was sent for, but this large bead had got so far down into the tube of the ear, that the surgeon said at first he did not believe it was there; being assured that it was, he put down a probe, and felt that there was something in it. The child was a good-natured child, and the surgeon said to it, Now I wish you would just lie down upon that ear; put your head upon this cushion, it's a large soft cushion belonging to a fashionable sofa. The child did so. He took up another

cushion, and put it upon the opposite ear. Now, said he, I will strike the opposite one, and tell me if it hurts you. The child said, No, it does not hurt me at all. He therefore kept thumping the cushion that was laying on the child's head for eight or ten times, and then he said, Now let me look at your ear. He looked at it, and then said, Now I see it plainly enough. On repeating the operation, the bead came out. And now I really believe that that's the best way of getting those things out.

In speaking of the diseases of the ear, I have cautioned the students not to be extracting excrescences from the tube of the ear, and I trust they will remember what was said on that subject. I have known cerebral affections arise from the irritation of such operations in the tube of the ear; nay, indeed, the disease affects the petrous part of the temporal bone, and leads to cerebral irritation in many cases, and you may aggravate it by operations of this sort. However, I need not repeat what has been formerly said on the subject.

Mouth.—I proceed to speak about operations performed in the mouth; and you know we have to take off fungus that may spring from the alveolary processes, and many jobs of this sort, which it is difficult to do with a knife. I think in many cases you will find the farrier's drawing knife an exceedingly good instrument to take off fungus in the mouth, and so I keep one of them. If it is osseous, and would haggle a knife, you may have a knife, which is a saw, and take it off with that. I have taken off excrescences with an instrument of this kind from the palate and other parts of the mouth. I keep a *trephine* for perforating the antrum. All has been said about the necessity of doing this that is necessary. There is no need of a central pin, or any thing to steady the circle: you may almost take off the jaw; the teeth are all loose and shaking; you may draw them out with your fingers; perhaps they may be out already. There may be fungus; you take off the fungus, put this little trephine on the alveolary process, and a few turns will cause it to go into the antrum; then put up your finger and scoop out the fungus. There is a thing called a lancet, or *bistouris caché*; it was first used, I believe, as they say, for puncturing abscesses in the tonsils. It serves very well for puncturing abscesses in the throat, or in any other cavity, but more especially in the throat, for the method in which it is concealed tends to keep down the tongue, whilst you are introducing the instrument, and then a lancet springs out to make the incision. There is a screw which regulates the distance to which you may plunge the lancet, and you may make a cut with it of any size. This seems to be a good instrument.

But now with respect to this operation of puncturing abscesses in the throat in cases of quinsey:—O, I don't know what sort of cases they had in former days, but there are no such things now as are described. I have some reason to speak with regard to this disease, because I was the subject of it myself. If ever I caught a cold when I was young, which did not often occur, I got a violent sore throat, and it suppurated, as inflammation will do. It prevented me from speaking, either to be understood, or swallowing any thing without the greatest difficulty. I am sure it was bad enough. Matter formed, the abscess broke, and then I got well. As to its being suppuration in the tonsils, that it is not; and where the suppuration forms, I don't know, but I suppose it may be in the duplicature of the soft palate; and where it breaks I cannot tell you; but a case of this kind may be very annoying to the patient. And to give you a degree of knowledge upon this, I may say that I have been a very considerable time in drinking a very small quantity of warm milk, which I thought was the only nourishment I could get down. I thought it was necessary to get down something, therefore I tried the milk. Now I held the basin to my mouth, and by the action of my tongue I forced the milk over the dorsum of my tongue, and it returned through my nose; so that it made a circuit from the basin over the base of my tongue through my nose, and into the basin again; and having performed this circle for some time, it gradually diminished. (Laughter.) Lord bless me, if I were to find inflammation in my throat again, I should think I had renewed my youth. However, it was violent inflammation, it suppurated and broke, and there was an end to it. It was so violent, that sometimes I was confined for six or seven days together; and vexed at this, I several times shoved in this lancet, but I never let out any matter. Many a time I have been called upon by patients, who have said to me, "O do puncture it;" and I have said to them, "If you will tell me where to put the lancet in, I will do it, but I really cannot tell you." The whole soft palate seems diseased, but it is phlegmonous inflammation, and matter being formed, it is brought to the surface, where it bursts, and there is an end to it. So in my case, at last, some night or another the thing broke, and the next morning I was as well as ever. I remember having had one of those sore throats, just at the time I was to give some anatomical lectures at Surgeons' Hall in the Old Bailey there, and if it had continued, I could not have given the lectures; however, I did not say any thing about it; I

was waiting, thinking it would break; it did break the night before, and I went and gave them without any body having known that I had been for a week laid up in that manner. Well, there are people who excise, and tie enlarged tonsils; however, I think large tonsils ought to be treated as any other enlargement of the body, and I believe by such treatment they do well, and do not require excision.

Hare Lip.—Now about hare lip; this is malformation. A child is born with the lip formed in two pieces, and very often there is a corresponding vacuity in the bony palate—a fissure all the way along. The operation for the hare lip consists in paring off the thin edges of the hare lip on each side of the fissure, making clean wounds on the edges, in bringing them together, and in uniting them. It consists in making two cuts in the form of the letter V inverted, then approximating them together, and then the lip becomes united by a middle line. Now the best way of cutting the lip is by what they call the hare lip forceps. You take the lip with a pair of forceps, and you pare off the edge. One plan is to place a bit of wood upon it, to cut along that plane, and thus may you make a perfectly straight line; it is a very good way to cut off the parts. I have seen pendant growths from the scrotum, nay, bulky growths, cut off in this way. I have put a wire on each side, fixed them together so as to secure all behind, the testicle and so on, and slipped it off with one cut; that's the way it's done, and it's a good way to make a straight line. Then the edges are to be pinned together.

Now the operations are to be shown to you, and I want no more at this time than to tell you what I think with regard to operations. This is what I think with respect to the hare lip, that the operation is not an act of necessity; that it is done to remove a deformity; that it should be performed when it can be accomplished most effectually; and when is that? O, there is no doubt that when a person has arrived at the years of discretion and reason, they will submit to all the control that is necessary. But we do it upon young children, just when they are born, and wherefore? Not on account of the child, but on account of the mother—the mother is horrified. Well then, as they are sleeping so much of their time, and so on, as they are scarcely said to be alive yet, O, you may pare off the edges and join them together, but if you don't make a very good job of it it can not be helped; there's no blame to be attached to you. But I would advise you never to do it when a child has got to a certain age, so as to have a will of its own, for they will then scream, and cry, and tear open the wound as fast as you close it; I have resolutely set my face against performing it at that period of life. You see it is malformation; the alveolary process may take a wrong direction, and if it does you have to patch and pull at the lip, or the lip would sunder again. I say I have resolutely set my face against doing it when they have been between the second and third years, or upwards, until they have a motive for submission; and that is, when the child gets fidgetty or uneasy, or when the young person, I may say, gets into that state because it is deformed. When vanity, that commanding principle, will induce them to submit to pain and keep themselves quiet, in order that they may be made to look pretty (laughter); then's the time. Well, now, under these circumstances I have done it in very bad cases of hare lip, I can assure you, and made the lip to look as if there never had been a division in it.

Cancer.—In taking away cancer in the under lip, you are obliged to take away a great portion of the lip, but you can bring the sides together very neatly, and there will scarcely be any appearance of your having performed the operation. You pin them together, and I know no better mode of proceeding than uniting them with the hare lip pins and the twisted suture; but I place my great reliance in Dente's uniting bandage. You can bring forward the parts in such a way as to cut off the two edges, and then close the wound.

Double Hare Lip.—There are cases of double hare lip; and in cases of double hare lip I need scarcely tell you, that one side must be cut and closed first and the other afterwards; you cannot do both at once.

Now I want just to tell you that the loss of the under lip is a most grievous calamity: say that you could bring the sides into contact, what sort of a mouth would you make, there being no under lip? The whole mouth would be made a terrific sort of aperture by the corrugators of the upper lip. The loss of the under lip is a horrible calamity. I saw a gentleman who had his under lip shot away, and he was obliged always to hold his handkerchief to his mouth, which was continually wet with slaver. There is no articulation with the loss of the under lip, except in an exceedingly imperfect manner indeed. Now, under these circumstances, I hold the performance of the Taliacotian experiment of making the under lip, to be a very great acquirement, with respect to our ability to mitigate human suffering. This was one of Taliacotius' experiments; but people hardly ever thought of Taliacotius, and scarcely believed what he did. Then of late, seeing the powers of nature in uniting parts, hearing what had been said of transposition, and hearing that of late people had been making artificial

noses and artificial lips—artificial I cannot call them, but substitutes—making flaps, and bringing the stump of the nose in contact with the wound, but as to this I despise it altogether. Taliacotius may say what he pleases about his noses being better, and smelling better than the natural ones; I never saw any artificial nose that I should like to wear on my face. A piece of pasteboard is far better than a piece of skin dangling to the stump; it is such a contemptible, despicable thing, I would have none of it. I have seen an artifical nose that was made of Indian rubber, and it seemed a good sort of nose, not to the eye but to the feeling; but this I would not condescend to make. As to the under lip, Mr. Layton, for a man in the Westminster Hospital, after he had pared off the lip, made a fresh bleeding part, and cut a large triangular flap of skin from under the jaw, turned it round and united it. I saw the man afterwards, and it was a very decent and good under lip; it kept his saliva in his mouth and enabled him to articulate. Now, I say, that is a great step in exhibiting the powers of surgery—powers which it had obtained long ago, but then those things were discredited formerly.

Mortification.—The under lip may mortify in consequence of scurvy of the gum, if I may call it so. Mr. Pott used to tell us of those cases very particularly, though they were little known formerly; but many publications have been now produced, with relation to the disease I am going to describe to you—the mortification of the gums, or lips, or cheeks. The fact is, that a man, woman, or child, may be attacked with this disease, but it generally occurs in children, I think, and usually the child is out of health. It looks pale and yellow. The gum is swollen; in this state mortification will suddenly seize the gum, and the gum will come away, or the under lip may mortify and come away in the same manner. Now, if you are only forewarned of what termination there may be to such a disease, it will excite you as soon as possible to correct that state of health, and that spongy state of the gum that may terminate in so dreadful a manner. And it is easily done; it's only to attend to the diet, the alimentary organs, and to give them nitric acid, or some acid. I have seen many children where the disease must have gone on and destroyed the parts, but where it was prevented by attention. Well, now, so much for disease occurring about the mouth.

Salivary Fistula.—Salivary fistula is spoken of, when the parts belonging to the ducts and glands are spoken of.

Throat.—Then diseases about the throat—What are you to do in disease about the throat? O, you know as to tying the carotid artery, that that is an operation that may be shown to you, and I have spoken of the division of the *sterno mastoid* muscles. But here I have to speak of passing probangs or instruments down the œsophagus; and whenever we set about this, thinking of the course of the œsophagus, we never succeed; because, by introducing the instrument according to the course of the œsophagus, the instrument goes down over the dorsum of the tongue, and brings on such violent coughing that we never can succeed. The true way is never to think of the course at all, but to push your instrument right straight forward, and when it gets to the end it turns downwards, and describes a large arch over the dorsum of the tongue, never touching the dorsum of the tongue at all—and that 's all I have to say about it.

When people cut their throats, what are you to do? Why, they may cut open the pharynx, and when they swallow, the liquor may run out through the wound, and keep it from healing. Now I should, in every case of cut throat, be inclined to put a tube down the œsophagus, by which I could inject food into the stomach. This I take to be a very great improvement in modern surgery. It was first done by Desault, in the case of a man who was shot with a pistol, by which the roof of his mouth was broken in, and he was left in a state unable to swallow. Desault put a varnished catheter through his right nostril, and it went down his gullet. With such an instrument as this, you may squirt food into the stomach, or medicine either. Mr. Hunter put an eel skin down the throat of a man, but I think a varnished catheter is the best, for it lies as snug as possible. You see, if people swallow at all, they never can swallow without tugging up and down the larynx. So that, I say, a cut throat is likely to do best where you put in a tube of the sort I have described. Now, to impress this on your minds, I tell the following case: There was a man brought to this Hospital who had cut his throat, and so determinedly had he done it, that he had separated the œsophagus from the larynx and *thyroid cartilage*. He had lost as much blood as was adequate to kill him. Of course he had divided all the front branches of the carotid artery; however, the vessels had been secured. Well, I put a varnished catheter through his nostril, which I saw in the throat. I put it down behind the broad part of the cricoid cartilage. There were two portions of the cricoid cartilage hanging loose, which I put two threads into, and attached the ends to their proper places. I closed the wound, brought up his head, and made all fast with a bandage below his arms; for people, in that situation, are mad, and if you don't take care of them, they may fulfil that which

they had only imperfectly accomplished. Having done this, I said to him, you are on no account to stir this, or to move it in any way. I am going to give you some warm milk to support you, for you are exhausted, and if it makes you sick, raise your hand. I threw in half a pint of milk, he making no prohibitory sign. Well, I said, if you wish for more, raise your hand; and he raised it, and so I threw in another half pint. The man's pulse was scarcely to be felt; and all I have further to tell you is, that, for the time he lived, he was continually making signs for nourishment, which was given to him in moderate quantities.

Tracheotomy.—Now, Tracheotomy is an operation done here; and this is done for two reasons, either for the purpose of inflating the lungs when respiration has been suspended by a person falling into water, by being suffocated with carbonic acid gass from standing over a vat, from a person having strung himself up with a halter or any thing of that kind, or you may perform it in case of a diseased state of the larynx; in the case of chronic angina trachealis, which produces a sort of croup, where the respiration is dreadful to behold, threatening to suffocate the patient every moment. To prevent such suffocation you make an aperture low down in the trachea through which to breathe. Some say, O, cut open the thyroid gland at the division of its lobes. Now, in the case of a diseased larynx, I am convinced that that is not the best place, for there you are making an incision and introducing instruments near to the seat of disease. O, I am sure its best, at least I think it best, to make the incision below the thyroid gland. And if you want to blow up a man's lungs, that's as good a place for the purpose as any you can find. You can introduce a tube there, or the nozel of a pair of bellows, which will just answer the purpose. I tell you a case, for that's the way I can bring all that is in my mind soonest home to yours, and I am sure that good is done by it. There was a person in this hospital, who had diseased glands on the side of the neck, and by pressing on the pharynx he died suffocated. They ran to the surgeons who were going round, to say that the man was suffocated, and we ran to the ward where he was, but he was fairly dead. It seemed that he had died suffocated; his veins were turgid, and he looked like a person who had been suffocated. I said to the other surgeons, suppose we inflate the lungs, and he said, if you like. Well, I made a cut in the front of his neck; and you know, when a man is suffocated you need not be very nice in dissecting. You want but a pen knife and a pair of bellows. After you make the cut, separate the parts with your fingers till you see the windpipe, and I am persuaded that this is the best way. Make the cut through the hoops of the windpipe; its a longitudinal pipe; make the cut big enough to admit of the introduction of the nozel of a pair of bellows; introduce the bellows, and then blow up the man's lungs. Now, I will answer for it, that all that was done in the case I allude to in about six minutes from the time of the man's death. His lungs were inflated, we pressed the air out, we pushed the viscera of his abdomen against his diaphragm, pressed down his ribs, blew up his lungs again, but it did not seem to do him any good. Now, I had been just using the electrifying machine, and I said to a gentleman, run up and bring it down with all possible speed; he did so, and we sent some shocks through his heart, but still did no good. We covered him up warm—that's a main thing; you must never let the body cool. Put the warming pan on it; somebody must be close to it to keep it warm; you must not suffer the body to cool, for warmth is necessary to animal action. In vain you try to excite the living action if the parts are benumbed by cold. When I found that nothing more was to be done, I gave him what I may call a rattler, and it was curious to see his arms spring up, but as they say, the vital spark had fled.

Well now, you will say, that's a good one, to tell us a case where no good was done; that you will hear by and by. The good was done in dissection. But the Humane Society may say what they please, it is not likely that people who have been long under water will be recovered, for black blood has been circulated throughout the body, and the functions of the brain are paralysed. But I do say, that this man died under very different circumstances from the cases of those whose vital functions have been violently excited: he died from disease; the vital powers were tired and glad to be at rest. But the body was opened, and there was no blood whatever in the heart, yet there were the large veins leading to it, and the whole aortic system gorged with black and apparently bruised blood; so that the blood had passed through the heart; the lungs had been inflated and the blood had got into the aorta, but there was no action in the arterial system. Then I say, I believe that all this does good.

Well now, if I perform tracheotomy in the case of chronic angina trachealis, I think below the thyroid gland is the best part, and it is necessary to introduce a tube, otherwise the aperture would close. Now, this is no new doctrine. Dr. Monro was the inventor of this sort of tube to be put into the trachea, which allows a person to breathe through; but Dr. Monro found that it became clogged with mucus, so that he

invented a sort of double canula, which allowed him to take out the one to clean it while the other remained in; then, when the one was cleaned, he put it in again. The instrument has shoulders made to it—shoulders to prevent its being swallowed, or pressing on the sides so as to hurt. Now, of late this sort of thing has been done in this hospital, and in one case Mr. Stanley performed it; but he thought it was a far better mode of cleansing the tube, to have it made wide and funnel-shaped. By being made large at one end and funnel-shaped, he could take a little lint and clean it out.

FOREIGN DEPARTMENT.

The following cases are detailed in Gräfe's and Walther's Journal, (Vol. IX. p. 1,) by Dr. Wedemeyer of Hanover:—

Mortification of the Limb of a New Born Child.

A woman was brought to bed a month before her time with twins. One of the children was quite putrid, and dead born; the other, however, was alive, but there was gangrene of one of its lower extremities, extending from the foot to the knee. The ancle-joint was exposed, and both tibia and fibula were projecting through. The child died on the following day. On examination, the femoral artery, half way down the thigh, was found closed by a caseous kind of lymph. During pregnancy, the mother had experienced nothing, to which the death of the one, and the mortification of the other child, could be ascribed.

Fœtus in Fœtu.

A young healthy woman of this place (Hanover) was brought to bed without any assistance of a six or seven months' child, on which the following malformation was observed. On that part of the child where the orificium ani is usually situated, there was a large membranous bag, which, together with its contents, had already proceeded to an advanced state of putrefaction. It contained something very similar to a placenta, which was connected by almost imperceptible threads to a dead fœtus of about four or five months. The fœtus was unfortunately very much changed, still several parts were distinct, as the head, face, vertebræ, and sacrum.

The membranous bag, which, to a certain degree, occupied the place of an uterus, was connected to the posterior part of the sacrum of the child. Similar cases are to be found in Meckel's Anatomy, his Archives, and in the Phil. Trans., Vol. XLV. p. 385.

On the probability of a Canal in the Optic Nerve of the Human Fœtus.

In 1816 I accidentally observed, whilst examining a fœtus of about five or six months old, that on gentle pressure of the globe of the eye, the vitreous humour escaped from the divided extremity of the optic nerve. On a more careful examination of this and other fœtuses, both with and without the aid of optical instruments, there appeared to me a black point in the centre of the divided optic nerve, in which there was an annular opening. Through this point the vitreous humour could be readily squeezed out. I then examined the end of the nerve terminating in the globe, and also observed in several subjects a dark spot with an annular opening.

I entertained some distrust of the correctness of my own observation, and communicated it to the late Dr. Albers, of Bremen, and through him to Dr. Treviranus. This last increased my suspicion, by stating that the canal in the optic nerve must have been produced artificially by the pressure. At the same time, however, Sömmering's discovery of a canal in the olfactory nerve of the fœtus occurred to me; a canal which communicated with the ventricles of the brain, and in the lower vertebrated animals always remained. Lastly, I recollected this well-ascertained fact, that in the human fœtus, as well as in the lower animals, the corpora quadrigemina, from which the optic nerves at least in part arise, are hollow, and that their cavities communicate with the third ventricles. But I have not yet been able to verify the circumstance, and it therefore still remains in dubio.

PHYSIOLOGY.

On the application of the Barometer to the study of the circulation of the Blood, and respiration in Vertebrated Animals. By Dr. Barry.* (Read at the Philomatic Society, March, 1827.)

It is at present established beyond doubt, that during inspiration in mammalia, a tendency to a vacuum exists around and within the heart, and the cardiac extremities of the great thoracic veins. The Commissioners of the Institute, MM. Cuvier and Dumeril in their report have admitted this fact as proved, but observed that in reptiles and fishes inspiration is performed by a kind of deglutition, and not by the expansion of a thorax; and that, consequently, in these animals, the influence of a thoracic vacuum on their centripetal fluids, is, at least, doubtful.

This truly philosophical objection has

* Annales des Sciences Naturelles, April 1827.

compelled me to search for better means, in order to determine if there exists a central vacuum in reptiles and fishes; and, consequently, if any portion of the pressure of the medium in which they live, is employed to assist the progression of their centripetal fluids.

In the experiments which I made to show the effect in quadrupeds, of the expansion of the thorax on the motion of the blood in the veins, I perceived that the introduction of air, or other fluids into the circulatory system, might modify in some degree the physiological state of these animals, and that on this account my experiments would become less conclusive.

Moreover, it was evident that the instruments which I used, could not be employed on frogs, serpents, or fishes, and these instruments did not present any means of recognising the absolute diminution of the atmospheric pressure around the heart, by the motions of inspiration, even in mammalia; but by employing the barometer as an instrument of measuring in these experiments, we might arrive at the knowledge of these data, and avoid, at the same time, the inconvenience already alluded to.

Every person knows, that in the tube of Torricelli, the column of mercury is exactly counterbalanced by the pressure exercised against its base by the atmospheric column. Also, when this equilibrium is changed by the diminution of the atmospheric pressure, the mercury descends in the tube, and indicates exactly the quantity of this diminution.

It appeared then to me evident, that if the thoracic cavity of a living animal were placed in communication with the reservoir of the barometer, the column of mercury would mark precisely the diminution which the dilatation of the thorax determines, in the pressure exercised by the atmosphere on the parts which are contained there, as well as the increase of the pressure produced on the same organs by the contraction of this cavity.

I then ordered a barometer to be made, the tube of which was curved to the twenty-sixth of an inch, and to such an angle that the mercury, in order to ascend a millimeter perpendicular above this point, was forced to occupy nearly five millimeters of the oblique tube. Thus, the mercury in this instrument moved with a velocity and a sensibility five times greater than in ordinary instruments.

Dr. Barry then relates six experiments which he made with this tube on birds, fishes, and reptiles, and which were followed by the same results; one will be sufficient to show our readers the mode employed.

Experiment.—I introduced a small tube of steel, which communicated with the barometer, between the heart and sternum of a frog, whose abdomen was filled with eggs.

Such is the sensibility of the barometer that, although the animal did not respire with energy, the mercury proceeded in the space of half a millimeter, and during the whole time that the tube remained in this situation, the movements of the mercury corresponded exactly to the respiratory motions of the breast of the frog. I took great pains to ascertain this accurately, for an assistant indicated with a loud voice the movements of the column of mercury, whilst I held the tube in its place, and observed the respiratory motions of the animal.

Each time that the frog performs the act of deglutition, the air is forced into its lungs: the larynx, pericardium, and heart, approaches towards the mouth, whilst the mercury invariably fell.

Dr. Barry draws from his experiments the following conclusions:—

1st. That in all vertebrated animals there exists a mechanism, by the operation of which a part of the pressure of the medium in which they live can be raised around the heart and cardiac extremities of the centripetal tubes.

2nd. That this pressure can be diminished, either by the expansion of the thoracic cavity around the heart, or by the contraction and locomotion of the heart within this cavity, or by these means united.

3rd. That the amount of the pressure thus left without opposition, is employed to draw the centripetal fluids towards the relative vacuum in the breast of these animals, that is to say, from the surface towards the centre.

4th. That this pressure, acting on all sides and on all extremities of the compressible centripetal tubes, must force the molecules of matter, which can pass into their cavities, either by the pores, or by some other openings in their parietes.

5th. That as the centripetal tubes are compressible to a great degree, this pressure must act on their contents with a much greater force than if these tubes were incompressible, because in this last case the pressure could only act on the extremity of the column of liquids, whilst, in the first case, this pressure acts on all the sides and on the whole height of the column at the same time.

6th. That the barometer, with a reservoir sufficiently large, and an exact communication with the cavity which surrounds the heart of a living animal, gives a very exact measure of the diminution of the pressure, either by the dilatation of the thoracic cavities, or by the contraction and locomotion of the heart in the interior of these cavities, or by all these means united.

MAN-MIDWIFERY.

To the Right Hon. STURGES BOURNE, *his Majesty's Secretary of State for the Home Department.*

SIR,—Just before your predecessor, Mr. Peel, retired from office, he was employed in a correspondence with the Colleges of Physicians and Surgeons, and the Company of Apothecaries, concerning the propriety of putting the practice of Midwifery under the same legislative securities as the other branches of medicine, and I venture to approach you on the same subject, in the hope that you will perfect the good work Mr. Peel had begun.

As mankind, from the highest to the lowest, are the worst possible judges of medical skill, and are easily deceived by the most ignorant pretenders, the governments of civilised countries have formed corporate bodies to watch over the state of the medical profession, and to see that its members are properly educated before they are permitted to take care of the public health. In England, this duty devolves upon the Colleges of Physicians and Surgeons, and the Company of Apothecaries, and these are supposed to take care that no man shall practise medicine, surgery, or pharmacy, without being properly educated, and possessing a competent knowledge of these subjects. But there is a branch of surgery and a branch of medicine which are left without any security. The former is the art of attending women in natural and difficult labours; the latter is the art of relieving the diseases of pregnant and lying-in women, to which I may add, the diseases of new-born infants. Neither the Colleges of Physicians and Surgeons, nor the Company of Apothecaries, require their members to study these subjects. The College of Surgeons excludes from its Examiners those members who practise midwifery, and thereby renders itself incompetent to examine in this branch of surgery. The College of Physicians forbids its fellows from practising midwifery, and thereby renders itself incompetent to examine in this branch of medicine; unless men are capable of scrutinising the knowledge of others on a subject which they do not choose to understand themselves. Thus the whole female and infantile population of England, in the most critical of all situations, the only one which involves two lives at once, is confided to men whose competency to the task is left entirely to chance.

To remedy this defect in medical legislation, a society has been formed by the most eminent practitioners of midwifery in London, who have applied to the Colleges of Physicians and Surgeons, and to the Company of Apothecaries, requesting them to place this branch of the profession under the same securities as the other branches of medicine and surgery.

The College of Surgeons, and the Company of Apothecaries, candidly acknowledged the existence of the evil, and expressed a wish to remedy it; and, within the last month, the former has gone so far as to require every one who presents himself for examination to produce certificates of having studied midwifery. The answer of the College of Physicians displayed more casuistry than candour. They stated that attendance on women in labour belonged to surgery, and, consequently, did not belong to them; that the diseases of pregnant and lying-in women were only a branch of medicine, and that medicine was the subject on which they examined their members. Now if the College of Surgeons had replied that attendance on women in labour was only a branch of surgery, and that surgery was the subject on which they examined their members, the sophism of the answer would have been too glaring to be overlooked; and yet this answer of the College of Physicians is equally, though perhaps not so obviously, sophistical. A knowledge of the diseases of pregnant and lying-in women, it is true, is a branch of medicine; but the question is, is it a branch which the fellows of the College of Physicians study, practise, and understand? The candid answer is no. For the same by-law which forbids them to practise the surgical, excludes them from experience in the medical part of midwifery. As the application to the corporate bodies did not terminate satisfactorily, the Society for regulating the Practice of Midwifery applied to Mr. Peel.

At this period Sir Anthony Carlisle published a letter in *The Times* newspaper, in which he endeavoured to counteract the influence of the Society on the mind of Mr. Peel. On such an occasion, an adviser ought, at least, to possess a competent knowledge of the subject; but Sir Anthony knows literally nothing about it; he has never practised midwifery—is totally ignorant of what is going on in the lying-in hospitals and charities of this great town; has no means of ascertaining the frequency of the difficulties of labour, and the diseases of pregnancy and child-bed; the comparative skill of the male and female practitioners of midwifery, and, consequently, the comparative security of those who are attended by females and those who are under the care of physicians and surgeons. On all these subjects he knows no more than about the philosopher's stone, and, consequently, is deficient in the most essential requisite for a competent adviser.

The statements of Sir Anthony are what

might have been expected from such a source—strange assertions, without the smallest proof. That for men to practise midwifery is unnecessary, degrading, indecent, and dangerous—unnecessary, because it requires no skill—degrading, because it is submission to what nurses are equal to—indecent, because it raises impure thoughts, and leads to impure intercourse—and dangerous, because it converts a safe natural process into a dangerous surgical operation. It is so clear that it is neither the one nor the other, that it is provoking to be called upon to prove it. But as these statements may be injurious to the profession and the public, it is necessary for some one to put them down. I must follow Sir Anthony into detail, in order to show how little reliance can be placed even on his facts. He asserts that Queen Charlotte was attended in all her labours by "good Mrs. Draper," "without difficulty or misadventure." "The Princess Charlotte was attended by a male practitioner, with a very different result." The truth—the logic—and the feeling of this statement, are equally remarkable. Queen Charlotte was not attended by *good Mrs.* Draper in all her labours, but only in one. Even if she had, it would prove nothing but that most women do well even under bad attendance. And the insinuation that the Princess Charlotte died because she was attended by a man, is quite brutal. Poor Croft is removed beyond the reach of calumny; but there are surviving relations both of the patient and her surgeon, who do not require this fresh bitterness to be mingled in the cup of which they have already drunk.

The foundation of all his advice is the assertion, *that not one woman out of a thousand requires more assistance than what female attendants are able to afford.* So far is this from being true, that the *mortality* in childbed is *ten times* greater—about one in a hundred; and as there are many difficulties which do not terminate fatally, the number which requires medical and surgical attendance must be several in a hundred. I have before me some tables, showing the proportion between the number of deaths in a specified number of lying-in women. Of 18,642 women delivered, 211 died, that is, 1 in 93; of 269 women 10 died, that is, 1 in 26; of 2,947 women, 14 died, that is, 1 in 210; of 2,982 women, 30 died, that is, 1 in 99; of 10,190 women, 107 died, that is, 1 in 95. These tables, Sir, you will find in Dr. Merriman's work on Difficult Parturition, p. 309. The deaths, of course, form but a small proportion of the difficult labours, or the diseases during pregnancy or after delivery, which are all beyond a woman's skill. What then becomes of Sir Anthony's assertion, that "not one case in a thousand requires more assistance than what an experienced mother can give?" But if the best plan was to confide in females in ordinary cases, and consult medical men only in cases of difficulty or illness, lying-in women would have been attended more prosperously formerly, when this plan was pursued, than now; and more prosperously now among those classes who still adopt it than among those who do not. Is this the fact? Just the reverse. If you look into the Bills of Mortality about the year 1660, when the plan recommended by Sir Anthony was generally pursued, you will find that the deaths in child-bed were as 1 in 36. Since then the proportion has been steadily decreasing till it amounts only to 1 in 107. Thus, while the practice of midwifery has been passing out of the hands of women into those of medical men, the mortality in child-bed has been steadily diminishing. But even now, a large proportion of lying-in women are attended by females, and physicians and surgeons are consulted only occasionally. These are the patients in lying-in-hospitals and lying-in-charities, the poor in cities, and the peasantry in the country, while the middling and higher classes are attended by medical men. Thus you have an opportunity of comparing the former plan, so strongly recommended by Sir Anthony, with the latter, which he so bitterly reviles. Of course we ought to find that the rich die far more frequently in child-bed than the poor. Quite the reverse. Among the latter the mortality is about one in one hundred; among the former, it is so trifling, that I know many sensible, well-informed, attentive practitioners of midwifery, who had been in extensive practice many years before they lost one patient in child-bed.

But if lying-in women are safest under the care of female attendants, why are they not placed under such care by the best judges of what is wisest on these occasions? As Sir Anthony has been twice married, without having had any children, I cannot put to him the *argumentum ad hominem.* But why do not physicians and surgeons, when their wives or daughters are pregnant, confide them to female attendants? If they consider the task degrading to a man of education, I admire their assurance in requesting him to undertake it, and his folly in consenting to do so. Take away respect, confidence, and regard, and a medical attendance in a medical family is a profitless, painful, and ungracious task.

Sir Anthony ridicules the idea of making the birth of mankind a surgical operation. This is the only good thing he has said on the subject; but wit, like poetry, is not always "a true thing." Parturition is commonly a natural process, which is best

performed when left to itself, but it is liable to be interrupted by unnecessary interference, and it is sometimes attended by dangers which require the utmost skill. It is, therefore, most securely conducted by one who knows when to do nothing, and when to interfere. It was a natural supposition which probably influenced our ancestors, that it might be safely left to females until surgical or medical assistance became necessary. Experience, however, proved otherwise—even the most natural labours are often so long as to exhaust the patience and excite the alarm of the chief sufferer. Now, the female attendants (and the fact is notorious) so far from preaching patience, and dissipating alarm, are among the very first to become themselves impatient, to imbibe the alarm, and either urge or employ a pernicious interference. Whenever danger arises, they have neither the skill nor coolness to face it. Sir Anthony will say, send for a surgeon or physician in such cases, but in no others. He knows too little of the subject to know the conclusive answer. The difficulties of labour and the diseases of child-bed are at least often unfit subjects for consultation; they are so sudden and impetuous that the patient is lost before the surgeon or physician arrives. It is a common saying among practitioners of midwifery, that the safety of the patient depends upon the person who is originally on the spot. A consultation is often a farce, or rather a tragedy. I have been called to not a few such consultations in my time, and my memory is full of scenes, the relation of which would move you, Sir; prolonged labours, where the patient was dying when I have been taken into the room; hæmorrhages in which I found the mother a corpse; and fevers, which were not discovered till it was too late to cure them.

The decisive reason for preferring an educated medical man, even for the conduct of ordinary labour, is, not that it requires artificial assistance, but because he is most capable of combating unreasonable alarm; and if real danger aises, he is on the spot, ready and competent to meet it. It was probably the gradual discovery of this that led to the practice of placing lying-in women, even in common cases, under the care of medical men, and which will perpetuate the practice in spite of Sir Anthony Carlisle.

I know of no other gauge by which to measure the respectability of any branch of our profession, than its capability of saving life and suffering, and exciting the powers of the understanding. Apply this test to midwifery, as it ought to be known and practised. A practitioner of this art is occupied, not only in attending natural and difficult labours, but in prescribing for the diseases peculiar to women in the unimpregnated state; likewise for the diseases of pregnancy and child-bed, and those of infancy and childhood. To render himself competent to those tasks, he requires not only a regular education, and a general knowledge of the various branches of medical science, but engrafted on this a minute, accurate, professorial knowledge of the peculiar branches of medicine and surgery which he practises. These are subjects which, in part, or in whole, have attracted the attention of some of the wisest medical philosophers that ever lived; and I know of none, in the whole compass of medicine or surgery, of such scientific interest or practical importance.

William Harvey, the discoverer of the circulation, lectured at the College of Physicians, not only in medicine, but in surgery. To him the healing art was "one and indivisible," and he considered no part degrading to practise. When I think of this man, the greatest genius that was ever dedicated to physiological investigations—dressed in the habit of the times of Charles and Cromwell, riding on horseback to see his patients, with a foot-cloth, and a footman running by his side to hold his horse (*Bodleyan Papers*), "called in to the cure of young women in travail," and prescribing so successfully, "that a healthy and sprightly child was born into the world," administering surgical aid with his own hands, in abortions and the diseases of the *uterus*.—(*Exercitat. de Generatione.*) When I picture to myself this great man thus occupied, and then think of those who account it a degradation to practise the like, I cannot refrain from smiling. The dainties physician, if consulted about the liver, condescends not only to learn the symptoms of the disease, but to touch the patient's hypochondre; but it is beneath him to interfere when the disease is in the uterus. A few inches make all the difference between dignity and degradation. A tumour of the liver is worthy the attention of a philosopher; a tumour of the uterus is below the notice of a man. To stop a hæmorrhage from an artery by a ligature, is a splendid operation; to stop a hæmorrhage of the uterus by delivery, is a degrading act.

As to the indelicacy of employing men in the practice of midwifery, the objection scarcely deserves a serious answer. As they must be employed in cases of difficulty or illness, on which occasions this evil cannot be avoided, the question obviously resolves itself into one of more or less frequency; but if medical men were employed only in dangerous cases, I doubt whether they would be competent to manage them. He who does not often witness a natural labour, has no notion of the resources of nature. He will have no criterion to judge how far the pro-

cess may be prolonged with safety, and will be continually mistaking a tedious for a dangerous labour, and interfere either too late or too early. That these are not merely plausible conjectures, I shall prove from a passage taken from the manuscript lectures of Dr. William Hunter, the most accomplished and celebrated physician of his time, and perhaps the greatest lecturer on medical subjects that England has produced, whose reputation is now as fresh and unfaded as when he died, and who practised most extensively this branch of the profession. He used to say, "we are greatly improved in midwifery; every body knows, who lives in this town, that fewer children are born dead, and what is the reason? It is only within these last twenty years that women have had men-midwives almost universally: formerly they were retained in the house, and called for only in difficult cases; thus it was with the Chamberlains, my master and others, and what was the consequence? Why all cases were difficult. They were so bad before they were called in, that every body was frightened. They could not know what nature could do, and therefore had immediate recourse to *art*; and whenever they had delivered a woman by operation, they thought they had done a great feat."

So far from practitioners of midwifery being more profligate than other men, I believe them less addicted to gallantry than physicians and surgeons. They set out in life with a stronger sense that an irreproachable character is necessary to their success, and this stamps an habitual influence on their feelings and conduct; but I contend that they have no peculiar temptations. On such occasions the mind can take no other direction than that of sympathy and science. I have attended in my time some of the fairest of my countrywomen, and on these occasions never thought of any thing but compassion for their sufferings, contrivance for their relief, anxiety for their welfare, and joy at their deliverance. That man must be oddly constituted who could feel and think in any other way.

There is one view of the subject in which the opinions of Sir Anthony are glaringly and indefensibly absurd. He thinks that physicians and surgeons ought to be consulted about pregnant and lying-in women in cases of disease or difficulty; yet he remonstrates with the medical corporate bodies for requiring their members to study the subject. Whether they are employed in ordinary cases, or only in extraordinary ones, is it not plain that they must require a proper education to fit them for it? Sir Anthony seems to think, that if a man is "an hospital surgeon, has an enlarged intellect, has studied the elementary parts of his profession, and has meditated much about the good and the evil of surgical interference," he is a competent adviser; but take *him*, the "*beau*-ideal" of such a character, into a lying-in chamber to a case of difficult labour, and if he did not speedily discover his incompetence, the very nurses and gossips would.

If I wanted to add force to my refutation of these misrepresentations, by damaging the authority of him by whom they are made, Sir Anthony has saved me the trouble, by his last letter on the subject. Displeased with the late regulation of the College of Surgeons, which requires that their Members shall in future produce a certificate of having studied midwifery, he appeals to the judges, coroners, and justices of the land—warns them that this sanction of the College will lead to the further prevalence of man-midwifery; where, as it is only calculated to compel men to study it before they practise it—surely a very reasonable demand—he proposes, that whenever it is thought necessary to employ surgical assistance in labour, the matter should be confided in hospital physicians, or surgeons of enlarged intellect. Just the individuals, of all others in the profession, who know nothing at all about the subject, and are the least competent to deliberate about its difficulties—so incompetent, that if there was any anxious case of midwifery in their own families, instead of relying upon their "own enlarged intellect," or on that of any of their order, they would instantly run to some eminent practitioner of midwifery for assistance. The surgeon apothecaries are more competent than "the hospital physicians and surgeons of enlarged intellect." Lastly, he advises, that whenever a woman dies in childbed under the care of a surgeon, the case shall be submitted to a Coroner's Inquest and a jury; his words are, "Whenever cases of violent death occur to mother or infant in the use of surgical instruments or surgical *hands*, a Coroner's Inquest should be holden." It is said that physicians and surgeons have their misdeeds to answer for, and it is an obvious question why the failures of midwifery should be held up before such a tribunal, while those of medicine and surgery are passed over silently. Suppose Sir Anthony's proposal put into practice generally, and whenever a patient died after active practice, whether medical, surgical, or obstetrical, the case submitted to the scientific and delicate criticism of coroners or jurymen. Of all professions medicine is the most anxious. The thought, that whatever may be a man's judgment, knowledge, and attention, he must sometimes err, and that this error may involve the loss of a life, keeps many an anxious and conscientious mind restless by

day and sleepless by night. Whenever a patient dies under his care, he is prone enough to look back on the treatment of the case—to consider if enough had been done, or too much; whether, in short, the result would have been the same if the treatment had been different. As long as man is liable to err, and medicine rests on only probable evidence, no knowledge, ability, or assiduity, can guard against this. But these are painful subjects to discuss, and painful suspicions to entertain—even in the silent and solitary chamber of a man's own conscience, and they embitter a large portion of the life of every conscientious physician. But to have these questions discussed, and these suspicions raked up by a set of men who know nothing of the subject, and as little of the delicacy necessary for such investigations, would make the practice of our profession quite intolerable. I wonder Sir Anthony could pen such a proposal, without immediately afterwards blushing and erasing it.

Long as this letter is, I have had room only to point out the leading errors of Sir Anthony's statements; the rest I must leave to tumble by their own weight and weakness. Such are the insinuations, that the practitioners of midwifery are more influenced by pecuniary gain than other members of the medical profession; that they attend even the most natural labour, under the pretence that no woman can be delivered without their assistance; that they are guilty of more unnecessary and injurious activity of practice than practitioners of medicine or surgery; that the teachers of midwifery are not general hospital physicians and surgeons. (He might as well have complained that they are not military commanders.) If there had been room, I should not have shrunk from the easy task of demolishing these absurdities. The knowledge of mankind on subjects at all out of their way can never be rated too lowly. It is surprising how many a falsehood in fact or in reasoning is read over, even by people of sense and education, without suspicion, till its absurdity is explained to them.

I am sanguine enough to think, that what I have written will convince you, *Sir*—the judges, coroners, and justices of the peace—the Colleges of Physicians and Surgeons, and the Company of Apothecaries, and the public at large, that a knowledge of labour and its difficulties, the diseases of pregnant and lying-in women, and the diseases of infants, form a branch of the profession which is important to the welfare of the community, honourable to those who practise it honourably, and which ought to be placed under the same securities for competent knowledge as the other branches of medicine and surgery. How to do this is a more difficult question. There are but two ways: either for the medical corporate bodies already in existence to modify their regulations, so as to include midwifery in their examinations; or to form a separate corporate body expressly for that purpose.—The latter would be the simplest and most natural method, if the practitioners of midwifery were distinct from the rest of the profession; but this is not the case. If it is so at all, it is only with some half dozen or dozen men in London, who lecture exclusively on these subjects, are physicians or surgeons to lying-in hospitals, and, although not wholly, are more especially resorted to for attendance and advice in such cases. But the great mass, 99 out of the 100, of the practitioners of midwifery are either surgeons or apothecaries practising it as a branch of their profession. Surely, therefore, the best method would be to modify the regulations of the present corporate bodies, and adapt their examinations to what ought to be the qualifications of those whom they examine.

If I might advise the College of Physicians, for whom I entertain the sincerest respect, I would say, abrogate that law which forbids your fellows to practise midwifery, and permit those junior fellows, who may choose to practise it, to do so; and when they become too full of medical employment to continue it, let them continue to give their advice in its difficulties and dangers. By this means you will soon rear among yourselves a set of men capable of examining others in this branch of the profession; you will improve a department of medicine which requires to be cultivated by the best educated minds; and those who are engaged in it, instead of wasting their best years in obscurity and neglect, and pining and withering under the painful consciousness of failing in their profession, will become useful and eminent during the active years of their life.

You may be told, Sir, that provided a man is well educated as a physician or surgeon, his education as a practitioner of midwifery may be left to his own care. I will mention one fact, which will show how little this assertion is to be trusted. In some of the large medical schools of London, the students of anatomy and surgery amount to two or three hundred. Five-sixths of these become surgeon-apothecaries, and, consequently, practise midwifery, and yet the midwifery class seldom exceeds fifty; so little truth is there in the above assertion. The greater number of these begin practice without any knowledge of it, either practical or theoretical; even thus, however, they are better and safer than female practitioners, for they are more cool in danger, and more capable of being taught by expe-

rience. Time and practice, and errors which might have been prevented, gradually improve them; but some retain their ignorance of the subject through life; and all might have been better by a regular education.

As men are much influenced by the conduct of others, it may be useful to add, that in all the principal universities of the Continent, midwifery is considered an essential part of medical education; and that the University of Edinburgh was so convinced of the evils of neglecting it, that about two years ago they passed a law, requiring every student to acquire a competent knowledge of it before he could take the degree of doctor of medicine.

I have the honour to be, Sir,
Your obedient humble servant,

A MEMBER OF THE SOCIETY FOR REGULATING THE PRACTICE OF MIDWIFERY.

ROYAL INFIRMARY.

"De omnibus rebus et quibusdam aliis."

You are not, Mr. Editor, to suppose that the interest of this paper is to bear any proportion to the comprehensiveness of its title, or the taciturnity by which it was preceded. Much less are you to suspect, from this intimation, that I have abandoned the hospital for the hills of Argyll; far from it, I have been daily ascending the lofty regions of surgery in the Royal Infirmary all this time, but without being able to collect one important specimen of pathology. There were, to be sure, some minor, and one capital operation, since the last report; but the former, though highly interesting to the patients and practitioners, might not be so to the public; and the latter I did not see, being performed on a Sunday evening, when your humble servant, as you know all good Christians ought, was at kirk. This absence I regret, for many reasons: first, because it was a case of strangulated hernia; secondly, because it was the only one of the kind which occurred during my censorship of the establishment; and, thirdly, had I been present, I am sure I should have been enabled to refute certain reports of some occurrences which are said to have taken place on the occasion. The man, however, is doing well, a circumstance which saves me the trouble of defending Dr. Ballingal, and his assistants, from those calumnies which spectators, not considering the extreme difficulty attending such operations, are too apt to propagate.—Amongst the lesser operations were the extirpations of several mammæ, and the tying of one brachial artery; but you need not be told that Dr. Hunter observes precisely the approved ellipse and direction of the incision recommended in such cases; nor would you have me count the minutes occupied by Dr. Campbell in taking up an artery,—St. Giles's clock, if I recollect rightly, having chimed three quarters from the exordium to the peroration of the proceeding. He will, I am sure, make an excellent operator, having an almost immoveable steadiness of hand, and a clear perception of the advantages resulting from an observance of the wise precept, "*festina lente*," a motto which he might, with great propriety, superadd to the arms of the house of Campbell. During the removal of one of these breasts a scene occurred which, for the sake of decency, it is to be hoped, will never be permitted to take place again; I allude to the custom of suffering patients' friends to be present during operations in the theatre. On the occasion alluded to, both the father and husband of the female were present, and excited much painful sensation in the minds of the class. The feelings of these poor people are much to be commended, but there is something too horrifying for the public gaze in the agonies of an aged parent listening to the shrieks of his daughter; and something indiscribably revolting to propriety in the exhibition of a husband acting bottle-holder to his wife in hysterics. Besides, the advantages derived by a class from witnessing such a trifling operation scarcely justifies such an exposure of the weaknesses of humanity. Should Dr. Hunter, therefore, meet in future with any more parents and lovers who insist on being present while the objects of their solicitude are under the knife, he had much better resist their affections, or confine their manifestation within the curtains or the walls of a bed-chamber.

I alluded, on a former occasion, to the frequency of that species of inflammation which sometimes attacks the fascia and cellular substance of the arm and fore-arm after venesection. Either this form of disease is on the increase, or the attention lately paid to it makes it appear of more common occurrence.

In the Royal Infirmary and Queensbury House, it has supervened to phlebotomy since that period in a great number of instances. So general did it become at one time, that a ward was about to be appropriated for its treatment, on the supposition that the affection had really assumed an epidemic character. There are, however, probably no grounds for supposing it to be of a contagious nature; a much more probable source of its prevalence might be found in the use of infected lancets and

sponges. True, the disease sometimes appears where it could not have been traced to these causes: but the contrary opinion does not entirely rest upon hypothesis, the production of the affection being traced in some instances to an infectious origin. In its appearance or the treatment, there was nothing with which the public are not already acquainted through your pages. You have of course read Mr. Liston's account of his Taliacotian operation, and seen the engraving which accompanied the statement. Though the patient's nose is not quite so symmetrical as that represented in the engraving, it is highly creditable to the art of surgery. I thought you should also have the pleasure of reading an account of an amputation at the hip-joint, performed by Mr. Liston much about the same time, which proved fatal in four days; but the result and importance of the undertaking may have prevented him from favouring the public with as full an explanation of the circumstances attending that operation as he could have wished in the Blue Journal for the present quarter.

SCOTUS.

Edinburgh, July 6, 1827.

ON THE SURGICAL PRACTICE OF THE LONDON HOSPITALS.

To the Editor of THE LANCET.

SIR,—Since writing the communication, which you did me the honour to insert in your last Number, I have been an attentive, and, I hope, an accurate observer of the surgical practice of almost every London hospital; and although I have had much to admire, yet I have observed as inert and improper treatment of disease, as I could well have conceived.

The history of many of the patients has exhibited a glaring deficiency in the knowledge of the most useful and necessary department of our science, medical surgery. This remark, indeed, is not so generally applicable to the hospital surgeons, as to those of private life, yet, more or less, it reaches even to them. If a fracture is to be set, or a dislocation to be reduced, nothing can surpass their dexterity; but if they have any of those diseases to treat, called constitutional, which belong neither to the physician nor surgeon, but stand, as it were, on debateable ground, their practice appears to me to be very feeble.

The abuse of mercury, too, notwithstanding the writings of Dr. Thomson, and of the surgeons of the Peninsular war, is frequently carried to a most destructive extent.

This grand defect in medical knowledge, is principally to be ascribed to those absurd and unnatural distinctions which the aristocratic laws of the College of Physicians have established. To these general remarks there are, no doubt, many and brilliant exceptions.

In a small retired hospital in Panton Square, whither I had the happy fortune to wander, medical surgery, like a rose in the wilderness, flourishes in the most refreshing colours. Here operations are considered to be, what they ought, the last resources, the opprobrium, of the art. The progress of two of the cases of this institution, I have witnessed with feelings of infinite satisfaction; and I hope, as the practice is not generally known, you will allow me, for the benefit of my countrymen, to give an account of them.

A girl, seventeen years of age, became affected with paronychia of the middle finger, which was followed by inflammation of the soft parts, suppuration, and the formation of several sinuses extending along the second and third phalanges, accompanied with thickening, and the loss of motion in the last joint. Under these circumstances, she presented herself at St. George's Hospital, and was informed, that the only method of cure, was the removal of the finger. Disliking much this proposal, she became a patient at Panton Square. Mr. Wardrop immediately laid open the sinuses to their very bottom. Granulations, of a healthy character, soon made their appearance, and there was every prospect of a speedy recovery. A week subsequently to this, however, she was suddenly attacked with a most severe pain in the palmar part of the first phalanx, with slight redness and puffiness of the integument in its dorsal aspect, and general febrile derangement. Purulent matter soon formed, but the severity of the symptoms, notwithstanding the employment of general and local bloodletting, and the exhibition of large doses of opium, continued unabated, and she began to regret that she had not parted with the finger. In this distressing state, it was determined to try the practice lately recommended by Higginbottom, and pure caustic (nitrate of silver) was applied, not only to the cavity which had contained the matter, but also to the inflamed skin. The relief which this afforded was truly astonishing. After a few applications, the pain and swelling subsided, the small wound healed up, and a slight degree of stiffness in the joints now only remains.

The other patient, a man about 30, laboured under a violent inflammation of the right eye, with a large and deep ulcer of the cornea, and a most excessive pain in the orbit, which prevented him from stooping forward, and had continued for four days

without intermission, although powerful depletion, and large doses of calomel and opium, had been employed. Mr. Wardrop stated, that, from the peculiar muddy appearance of the cornea, the tortuous state of the vessels of the conjunctiva, and the apparent distention of the eyeball, the evacuation of the aqueous humour would probably be attended with happy results. On puncturing the cornea, the aqueous fluid, as if compressed, gushed suddenly out. This trifling operation was performed at 12 o'clock forenoon. At five, the pain began to diminish, and, during the night, it almost left him. On examination, next morning, the eye was found flaccid, and the cornea had regained its trasparency. The inflammation has since daily decreased, and the ulceration is now healing—" Ex his disce omnes."

Two operations were performed at this hospital yesterday. A flattened tumour, nearly the size of an egg, situated behind the angle of the jaw, and immediately above the parotid gland, was extirpated. I noticed, with pleasure, that there was none of that tearing, which, in operations of this kind, is so generally to be seen in the Royal Infirmary of Edinburgh, and which frequently produces suppuration, and even sloughing of the cellular structure. In the removal of the scirrhous mamma which succeeded, the preliminary incisions were free and deep. In dissecting out the diseased mass, Mr. Wardrop cut from the axilla towards the sternum. The advantage of this is, that the trunk of the external mammary artery is divided at first, and if its mouth be compressed, no hæmorrhage can occur during the subsequent steps of the operation. All the ligatures were cut close to the arteries, a step of much consequence in preventing future irritation of the wound. These two improvements in operating, we strongly recommend to the consideration of the Edinburgh surgeons. With the hope that the profession may long enjoy the benefit of THE LANCET,

I am, Sir,
Your grateful servant,
THE SCOTCH CRITIC.

May 14.

GLASGOW UNIVERSITY.

To the Editor of THE LANCET.

SIR,—While your Correspondent "Glasguensis" was forming his conjectures in the north, the matter was finally settled in Grosvenor-square; and now that the Chair has been disposed of, we may be allowed to canvass the way in which *it has been disposed of*, and the claims of Dr. Badham to such a Chair. Many a "cunning Scot," when he hears the news will inquire, And who is Dr. Badham, that the bread should be taken from our children and given to a stranger? You may therefore inform these northern inquisitors, that Dr. Badham is a kind of medical *Don Quixote*, who, after graduating at Edinburgh some 35 years ago, or more, came up to London and commenced his career as a medical lecturer. He succeeded Dr. Creighton, (now Sir A. Creighton,) when he went to Russia and showed some talent. He had a tolerable fortune too, and might have done well. But a whim seized him that he was not *a proper M. D.*, and that no University but Oxford could legitimately give that degree. He accordingly retired to that learned University, and commenced as a "*Novus Homo*," in his thirtieth year; lived beyond his income, and spent his capital, and in progress of time became *a fellow of the College of Physicians by right, and not by favour*, while, at the same time, he had become the father of a family and a beggar. Report says, that in acquiring the *fellowship*, Dr. Badham expended between 16,000*l.* and 20,000*l.* of real property, which he had inherited. Certain it is, the honour did not bring him wealth or gain him practice, for ever since he obtained it he has been a wanderer upon the face of the earth; yet, as it argues well for the Royal College of Physicians of London, it deserves to be mentioned, that its powerful members have long endeavoured to keep the head of this *their fellow* above water. He has been a travelling physician with lords and ladies of high degree. But I have always heard it alleged against him, that he could not remain in any situation. Dr. Badham has considerable talents, but he is *pedantic, wayward*, and *intemperate*; and great as the favour he has now obtained is, and that, too, in opposition to men of as great talents, and of much more fitness, I am convinced he will not keep it twelve months. The Duke of Montrose may have meant to do justice to his favourite academy, but in his state of health and seclusion from the world, he could only consult one man, (his confidential physician,) and that one being desirous to get quit of a *burden*, a *kind of nightmare*, that hung upon the College of Physicians, made the most of the advantage chance had given him, and succeeded in persuading the gouty old Duke, that "*their pauper Fellow*" was the best qualified to be the Glasgow professor. Will the Glasgow folks think so also? Will Presbytery submit to be taught by a Prelatist? But perhaps the Doctor will have no objection to sign their confession of faith. There was a time when even a Duke of Montrose could not force such things down the throats of his

countrymen, though he did think it was the best thing for them. Seriously speaking, Mr. Editor, you may tell your northern friends, that the way in which this professorship has been given, is neither creditable to the Duke of Montrose, to Scotchmen in general, nor does it reflect much honour upon the "courteous chevalier," who pulled the strings that moved the puppet; for after all, you may tell his Grace that he was a mere puppet in the business; and as many of the candidates were perfectly unknown to his Grace or his Counsellor, how can they presume to say there were none more fitted for the office than Dr. Badham? I am informed the crown is to be addressed by petition against his Grace's recommendation, and if Mr. Sturges Bourne has any spirit, he must feel the insult put upon him by the Duke of Montrose, who, it is whispered, *applied* and got an order registered at the Home Office *during the late interregnum*, (and after his Grace had resigned his key of office,) that this paltry piece of patronage should not be taken from him. Really my Lord Duke must have a high opinion of his own talents for selecting professors, or a violent love for Glasgow College and University, that from a bed of sickness, and after retiring from his sovereign's service, he could descend to ask for such a favour. It proves the power of the master spirit. Such is the tittle tattle of this great city, which I hope your 12,000 mouths will convey to the world at large, being your admirer and constant reader,

AMICUS JUSTITIÆ.

London, May 29, 1827.

BLESSINGS OF FEMALES PRACTISING MIDWIFERY.

To the Editor of THE LANCET.

SIR,—At a time when an attempt is most shamefully made to traduce and degrade *the general practitioner*, if you think the following case worthy of a place in your valuable publication, it may tend to illustrate the sort of benefit to be expected from employing females in the practice of midwifery.

MRS. ——, the mother of fourteen children, five of whom are still living, had always been attended in her former accouchements by a *woman-midwife*, but, in consequence of an injury which she had received in her last, about two years ago, I was engaged to attend her in the beginning of last month; on being asked if she felt any inconvenience since the injury, and in what way, she answered, that she "was *daily* inconvenienced, for she was neither able to retain her fæces or urine." When I was engaged, I did not propose to ascertain by examination what the injury was, but deferred it until I should have occasion to examine the progress of the labour. In due time I was sent for; and then, indeed, I found ample cause for all her suffering, in a complete laceration of the perineum and sphincter ani. That the child was not preternaturally large, the nurse assures me that it was a very small one. That it did not occur to a *woman*-midwife of limited practice, for, I am told, she has *accumulated* some hundreds, if not thousands, of pounds, in her avocation, and is now near seventy years of age. It would also appear, that this is by no means an uncommon occurrence; for, on being told by the patient, that she felt a smarting pain which she never had before; "Pugh! child," was the reply, "there is nothing but what continually happens in these cases." Now, Sir, ought such to have been the case with a fourteenth child? and what would have been said if it had occurred in the practice of a man-midwife? And yet there are men so foolhardy, as to propose the exposing of all mothers to such injuries. Oh! ye men of "enlarged intellect."

I am, Sir,
Your obedient servant,
EVAN DANIEL.

32, Bishopsgate Street Within,
July 3, 1827.

PHRENOLOGY.

To the Editor of THE LANCET.

SIR,—There is at present in St. Bartholomew's Hospital, in Faith Ward, a little girl, whose head at the same time exemplifies the truth of phrenology and confirms the situation of the organ of music. The lower and lateral part of the forehead, on each side where that organ is situated, is extremely narrow and depressed, nearly as much so as in the mark of Ann Ormerod, the girl in the Blue School at Liverpool, whose case is detailed in the Eighth Number of the Phrenological Journal. Upon asking her if she liked music, she replied, no, because it always gave her pain in the forehead, and, intuitively as it were, placed her finger on the organ of the left side. On further questioning her whether that was the only part in which she felt pain, she immediately pointed to the corresponding part on the right side.

Should you consider this fact worthy of insertion in your valuable Journal, you will much oblige

Your constant reader,
A PHRENOLOGIST.

June 21st, 1827.

THE LANCET.

London, Saturday, July 14, 1827.

From the commencement of our public labours, we have scrupulously abstained from offering criticisms on the professional conduct of *private* medical practitioners, because we were fully persuaded, and are so still, that the adoption of a different course would have opened a most extensive channel to imposition; would have been the means of giving vent to the malignity engendered by successful rivalship, and consequently prove a source of much injustice and unmerited injury. The most respectable portion of the periodical press of this country, has undeviatingly pursued a similar course with regard to private individuals amongst all classes of the community, and it is not until a man breaks those bonds which unite society, and thus renders himself amenable to the law, that the finger of scorn is publicly pointed at him, or that his actions are scrutinized by the public writers of the day.

The same rule has been the measure of our conduct, as regards the medical profession. We have not deemed it a duty to bring the professional conduct of private practitioners before the public eye, unless there have been connected with it circumstances of peculiar atrocity, calculated either to scandalise the profession, or prove detrimental to the public welfare; and even in such cases we have hitherto refrained from publishing the names of the parties, unless they have appeared to answer for their misdeeds in some of our courts of law, or public offices of police. But we are not quite sure, that we are acting with equal propriety in exercising a similar delicacy on the present occasion, because the circumstance to which we have to call the attention of the profession, is one so truly disgraceful, so characterised by a base and cold-blooded disregard of human life and human happiness, for the sake of contemptible and paltry lucre, that any lenity displayed in exposing it, almost amounts to a participation of the crime. A correspondent, on whose veracity the most perfect reliance may be placed, informs us, that in one of the western counties, a person calling himself a *surgeon*, has recently *inoculated* with the *virus of small pox some hundreds of persons at five shillings a head*, thus attempting to perpetuate one of the most blind and besotted of prejudices against the immortal labours of Jenner, and to keep alive and extend the ravages of one of the most horrible diseases that ever afflicted the human race. To the individual in question we do not address one word, as he must be devoid of sense, as well as of feeling; but surely prudence demands that the public should be protected against the remorseless proceedings of such a relentless monster; and, in the absence of an efficient College of Surgeons, we are not aware that any measure other than an Act of Parliament, rendering inoculation for the small pox, without previous vaccination, punishable by fine and imprisonment, can prove an effectual safeguard.

This subject demands the earliest attention of Parliament.

Observations on the Structure, Economy, and Diseases of the Foot of the Horse, and on the Principles and Practice of Shoeing. By Edward Coleman, Professor of the Veterinary College, &c. &c. Vol. II. 1802. pp. 251. J. Johnston.

After attentively perusing this second effort of Mr. Coleman's genius, we find to our surprise, that it contains nothing more than a repetition of the moonshine doctrine of "*frog pressure*," and a confirmed recommendation of the *thin-heeled shoe*.

Four years had elapsed since the appearance of the first volume, during which time the thin-heeled shoe had been extensively and fairly tried by the College and its friends, and, according to our author's own acknowledgment, "by many persons relinquished," doubtless on account of those faults and disadvantages which we adverted to in our former Number. It was incumbent on the Professor, therefore, to apologise for the absence of those miraculous effects which he had foretold, from bringing "the frog into contact with pressure," to qualify a little his too general recommendation, and endeavour to make the world believe, that the principle had failed only from abuse and misapplication.

We may observe, also, that the first volume of "Observations" which were sought after, of course as being the production of the London Professor, was sold and gone; the propriety of republishing his opinions, in fact their necessity to the veterinary student, was sufficiently apparent; and in observing that the additional bulk of the second part added another guinea to its price (though not to its value,) we merely hint at the probable consideration which might have entered into the calculations of the writer. Certain it is, that with twice the number of pages, and many *highly coloured plates*, the present volume seems at the same time to include more than a relative share of blunders, and not half so much which can be called useful, as its worthless predecessor, while for copious margins, wide lines, and small columns of print, it may rival any catchpenny of the day.

We by no means wish to deprive our readers of their right of judging; the following extracts, or the work itself, may show whether our opinion be correct; it is possible that the zeal for discovery, the hope of fame, the love of authorship or of the art, might each or all have exercised some indeterminate and certainly imperceptible influence; but the above reasons are more than enough to account for the rare specimen of quarto making, beginning with the following words:—

"Having endeavoured in a former volume on the *Foot of the Horse*, to describe the formation and economy of the crust, horny sole, horny frog, and horny bars, I shall now proceed to the farther consideration of this important" (horny) "subject."

"The organization and functions of the *foot of the horse*," he observes, "will be found rather complicated;" truly he has made them appear so, "but the rapidity with which this *great animal is conveyed* from place to place, naturally excites a desire to ascertain the *cause* of so wonderful an *effect*. If the human foot supported the same weight as the *foot of the horse*, the *sensible* parts would be destroyed," and what would become of the *insensible* parts, Sir?) and "without *springs* no external covering could effectually support the weight, and prevent the foot from being *smashed*."

These favourite *springs*, and the probability of a *smash*, will be considered hereafter; at present, in this introductory chapter, Mr. Coleman is defending the "College system of shoeing," which he states to "have been founded on a knowledge of the structure and uses of the parts," a mis-statement which his ignorance of that structure fairly justifies; and moreover, he says, "so far as I have been able to determine from my own experience, added to the information I have received from others, I am more and more confident of the truth of my former opinions, &c. But it is nevertheless true, that this practice of shoeing has been by many persons relinquished, either from not being sufficiently acquainted with the principles recommended," or too hastily adopted, or from being applied to feet which it was not intended for, or for other evasive excuses unworthy even of notice; the facts are before us, from them let us judge, and we know, that not even in the regiments, nor under his own eye, did the thin-heeled system confirm his predictions, whatever his expectations might have been, and that very shortly after he wrote his book, it was generally laid aside.

Next we are informed in many words,

that "there are only two principles to govern the practice of shoeing," viz. "the *crust* is the part that should receive the nails and the pressure of the shoe; and the *sole* of *every* horse employed for *every* purpose, is a part that *should not* be in contact with the shoe;" and "I mention these facts not as discoveries;" a trait of remarkable modesty, considering how much more worthy his adoption they are, than that awkward *faux pas* of the "circular form of the foot, as it comes from the hands of the maker," which he fathered with so good a grace. But how did it happen, we ask the Professor, if these "two principles are, to use his own words, for *all* horses, in *all* ages, in *all* countries, and in *all* cases, to be adhered to without deviation," that so short a time elapsed, ere forgetting these good old necessary rules, he laid an ugly patent bar of iron on the soft retiring frog, bid it for its health sake bear that unnatural torture, and forcibly expand those feet which your rigid though thin-heeled shoe had contracted. How was this?

After some laudatory comments on the patent artificial frog, that nine days wonder dead, that not very fortunate production, as a veterinary writer terms it, he proceeds:—

"Having made these few preliminary observations for the purpose of obviating difficulties, doubts, or misapprehensions, I shall now examine the structure and functions of the contents of the hoof," and "I shall first consider the bones of the foot with their ligaments and cartilages; secondly, the coverings of the coffin bone, viz. the *sensible* laminæ, *sensible* sole, *sensible* bars, and *sensible* frog; thirdly, the muscles and tendons by which the bones are put *into* motion; fourthly, the arteries, veins, nerves, and absorbents," (concerned in the said art of shoeing.)

And now is our author, section 1, p. 19, fairly launched on the broad sea of anatomy, where he may sail at his ease till the quantum for publication is furnished, and where man's understanding cannot follow the sense through the crowding shoals of bones, ligaments, tendons, cartilages, eminences, and depressions, rough and smooth places, convexities and corresponding concavities, which swell his tautological description. We shall not dwell on the first ten pages about the pastern bones; their concavities and convexities are minutely described, and the wonderful discovery, repeatedly proclaimed, that they are covered at both ends by cartilage! Throughout the whole work considerable pains are taken to point out the "springs of the animal," as Mr. Coleman and his cotemporaries call them; for not being aware, until Mr. B. Clark published, of the expansive action of the foot itself, by which nature chiefly relieves the limb in violent action, they had much difficulty in dissipating the "concussion" (to use their favourite word) which is so apparent when the foot meets the ground. In this point of view the shuttle-bone, the laminæ, the sesamoids, and even the poor passive frog, were said "to act as springs to the animal," some contending that one, and some another, had the largest share, as if they really possessed a mechanical or projectile power.

Page 85, for instance,—"When the foot is placed on the ground the laminæ are put on the stretch, and to act as a spring they must, in some degree, elongate. The laminæ, however, unless the horny sole at the same time descends, cannot elongate, for if the horny sole was a fixed point, so as not to yield to the pressure of the weight on the coffin bone, then the laminæ could not be stretched or put in motion."

Agreed, and when the concave sole is confined at the sides is it not completely such a fixed point? Is it possible to flatten an arch without widening its base? How then can the horse's sole descend when strictly bound by the nails of the thin-heeled shoe? From your own words, Professor, will we prove the necessity of an expansive defence.

Page 87.—"The sensible *sole*, being placed between the *horny sole* and coffin bone, is liable to be bruised from any cause which impedes the descent of the *horny sole*. If, for example, a shoe be so applied

as to be in close contact with the *horny sole*, it will prevent any descent of the *horny sole*, sensible *sole*, or coffin bone, and consequently impede the elongation of the laminæ; and if the *horny sole* be deprived of motion when the sensible *sole* is forced against the *horny sole*, the sensible *sole* will be bruised between two fixed substances, the coffin bone above and the *horny sole* below, and from this violence blood often extravasates into the porous substance of the *horny sole*, commonly called a *corn*."

Here, then, in spite of tautology, we have the pretty intelligible *sole* cause of a *corn*; but he omits to mention, that paring down the horn of the heels, as his French friend M. Ganly advises, which used to be a common practice, for the sublime purpose of "bringing the frog into contact with pressure," is the most direct and certain method of producing these corns, and therefore the vilest way of enforcing this blessed principle.

Whether Mr. Coleman has an aversion to pronouns, or imagines that the quick and constant repetition of the noun-substantive and adjective gives vigour and elegance to his language, is uncertain, but his *sensible* account of the "situation, structure, and œconomy," as he pompously sets forth—of the *sensitive* sole—is worthy the attention of every reader who wishes to study perfection in the difficult path of anatomical description.

Page 97.—"This part is termed *sensible sole*, to distinguish it from the insensible *horny sole!* The *sensible sole* is situated immediately above and united to the upper *surface* of the *horny sole*, and is firmly united to the lower concave *surface* of the coffin bone, and also to the *lower surface* of the inferior cartilages behind the coffin bone. The lower edge of the *sensible sole* is firmly connected at the lower edge of the coffin bone to the *sensible laminæ*; but at the extremity of the heels of the *sensible sole* there is a continuation of *laminæ* for about an inch: these *laminæ* form what has (have) been termed *sensible bars*, and are united to the *horny laminæ* on the inside of the *horny sole*. The *sensible sole* is firmly attached above to the bottom of the coffin bone and lower part of the cartilages (as aforesaid) and appears then to be continued over the *fatty* portion of the *sensible frog*. In the ninth plate the *sensible sole* has been stripped from *one-half* of the coffin bone, *one-half* of the surface of the lower cartilages, and from *one-half* of the lower surface of the *sensible* frog, to show the parts to which the *sensible sole* is attached. The *sensible sole* is extremely vascular," &c.

Further on—

"All the blood sent to the *sensible sole*, and not employed in the secretion of the *horny sole*, is returned, (how think you, gentle reader) by the veins."

But it does not appear whether this is mentioned as a discovery.

Page 104.—"Situation, structure, and œconomy" of the sensible frog, with its three great concavities!!

"The situation of the *sensible frog* is immediately above, and contained within the cavity of the *horny frog*, and its form, though somewhat smaller in bulk, is in other respects exactly similar to the *horny frog*. The *sensible frog*, about the middle of its lower surface, is divided into two equal portions by a *fissure*, or *separation*, and from this part issues a natural oily secretion!" (A smell of brimstone, he might as well have said.) "The *horny frog* has three concavities within, two at the heels, and one at the toe, to receive three convex portions of the *sensible frog*. The two concavities of the *horny frog* are divided in the centre by a considerable projection of horn;" (here he means the frog-stay, but what a way of describing it;) "this convexity is received into a corresponding cavity between the convex heels of the *sensible frog*. From this description, it will be found that the external form of the *horny frog* and lower surface of the *sensible frog* are alike, both having three distinct concavities, and one concavity in the centre!"

A perspicuous demonstration of an important organ this, coming from the great teacher of veterinary science—the only preceptor of the art in England! It reminds us forcibly of the sailors shotted dialogue, which, when stripped of its oaths and expletives, loses all its point and half its length—so the Professor's unintelligible illustrations, divested of a few terms of continual recurrence, such as horny, sensible, concave and convex frogs, and soles, would suffer more in volume than they could in sense. We could have wished here to introduce Mr. B. Clark's excellent description of this part, for it would have shown,

in a striking point of view, the different style of these writers.*

Between the constrated layers of ligament of which, in short, the internal frog is actually composed, there is a white, gelatinous, elastic ligament, which may be seized with the forceps, and becomes yellow with keeping, appearing then like an oleaginous fluid; this does not escape our discerning physiologist, he calls the whole organ the fatty frog, and makes, what he calls, the "bags of *oil*" perform most wonderful and extravagant functions.

Take a page of the quarto, 109:—"When, therefore, any pressure is applied to the horny frog from below, it ascends and presses on the cells of the sensible frog, and forces the 'bags of oil,' upwards and laterally against the side cartilages. *If* the cartilages had been fixed, this pressure *would have been* often so considerable on the sensible frog, as probably (very improbably) to occasion lameness. The sensible frog can receive no pressure from the coffin-bone above, but at the toe, which is the only part attached to the coffin-bone: this part is more firm in its texture than other parts; and, unlike the remainder of the frog, is attached to two fixed points, the coffin bone above, and horny frog below, and from this inelastic connexion, the toe of the frog would be likely to be bruised, *if* that part of the frog *had been* placed immediately under the centre of the weight."

This is a whole page, and a very fair specimen of Edward's logic, proving with some pains, that things *would have been* different, *if* they had not been as they are.

Having now described the parts of the foot separately, we shall attempt as concisely as possible, to explain his ideas of their combined action: his plan, his working theory, which to our readers who are aware of the simple elastic construction of the horse's foot, will appear complex and ridiculous enough; though to others, unprepared with this previous knowledge, its complexity has been too often its unanswerable charm.

It appears, then, by the Professor's book, that when the horse puts his foot to the ground, "the frog comes in contact with pressure," and ascending, is met by the counter-pressure of the shuttle and coronet bones, which squeezes those important "bags of yellow oil" of which, by his account, the heels are chiefly composed, to right and left against the "side cartilages" which are forcibly distended, and even sometimes, he says, "in danger of being dislocated" by the violence of this compression. Thus, by the intervention of a bed of "yellow oil" is concussion prevented, and the foot relieved, and all this is supposed to take place within the hoof, without any direct expansion of the crust or wall; now the weight being removed, said "bags of oil" return to their situation; another step, the frog again ascends, again are the "bags" put in requisition, and once more the poor cartilages are threatened with dislocation! Encore! encore! long live the Professor!

Comments are superfluous; we need only observe, that the "bags of oil" do not exist, that the cartilages have little or no motion, being completely fixed to the coffin bone at their base; and, finally, that the foot naturally relieves itself by a general expansion of the heels, and quarters under the weight of the animal, without the assistance of his bags, oil, or ascending machinery. "This expansion (to use Mr. Clark's concise words) is prevented by the nails in common shoeing—hence the error of its principle and its mischievous effects."

Mr. Coleman refers contraction of the hoof to the plausible but inadequate cause of stable heat and dryness: in such cases, pressure to the frog, per patent artificial, seems, by the following paragraph, p. 120, to be of the ut-*most* importance:—

"When, therefore, the hoof is *most* heated, and the moisture *most* evaporated, the crust is *most* disposed to contraction; and during this period, pressure to the frog is *most* wanted, to open the cartilages, and

* This description may be seen, page 31 of his elegant work.

as to be in close contact with the *horny sole*, it will prevent any descent of the *horny sole*, sensible *sole*, or coffin bone, and consequently impede the elongation of the laminæ; and if the *horny sole* be deprived of motion when the sensible *sole* is forced against the *horny sole*, the sensible *sole* will be bruised between two fixed substances, the coffin bone above and the *horny sole* below, and from this violence blood often extravasates into the porous substance of the *horny sole*, commonly called a *corn*."

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Page 97.—"This part is termed *sensible sole*, to distinguish it from the insensible *horny sole!* The *sensible sole* is situated immediately above and united to the upper *surface* of the *horny sole*, and is firmly united to the lower concave *surface* of the coffin bone, and also to the *lower surface* of the inferior cartilages behind the coffin bone. The lower edge of the *sensible sole* is firmly connected at the lower edge of the coffin bone to the *sensible laminæ*; but at the extremity of the heels of the *sensible sole* there is a continuation of *laminæ* for about an inch: these *laminæ* form what has (have) been termed *sensible bars*, and are united to the *horny laminæ* on the inside of the *horny sole*. The *sensible sole* is firmly attached above to the bottom of the coffin bone and lower part of the cartilages (as aforesaid) and appears then to be continued over the *fatty* portion of the *sensible frog*. In the ninth plate the *sensible sole* has been stripped from *one-half* of the coffin bone, *one-half* of the surface of the lower cartilages, and from *one-half* of the lower surface of the *sensible* frog, to show the parts to which the *sensible sole* is attached. The *sensible sole* is extremely vascular," &c.

Further on—

"All the blood sent to the *sensible sole*, and not employed in the secretion of the *horny sole*, is returned, (how think you, gentle reader) by the veins."

But it does not appear whether this is mentioned as a discovery.

Page 104.—"Situation, structure, and œconomy" of the sensible frog, with its three great concavities!!

"The situation of the *sensible frog* is immediately above, and contained within the cavity of the *horny frog*, and its form, though somewhat smaller in bulk, is in other respects exactly similar to the *horny frog*. The *sensible frog*, about the middle of its lower surface, is divided into two equal portions by a *fissure*, or *separation*, and from this part issues a natural oily secretion!" (A smell of brimstone, he might as well have said.) "The *horny frog* has three concavities within, two at the heels, and one at the toe, to receive three convex portions of the *sensible frog*. The two concavities of the *horny frog* are divided in the centre by a considerable projection of horn;" (here he means the frog-stay, but what a way of describing it;) "this convexity is received into a corresponding cavity between the convex heels of the *sensible frog*. From this description, it will be found that the external form of the *horny frog* and lower surface of the *sensible frog* are alike, both having three distinct concavities, and one concavity in the centre!"

A perspicuous demonstration of an important organ this, coming from the great teacher of veterinary science—the only preceptor of the art in England! It reminds us forcibly of the sailors shotted dialogue, which, when stripped of its oaths and expletives, loses all its point and half its length—so the Professor's unintelligible illustrations, divested of a few terms of continual recurrence, such as horny, sensible, concave and convex frogs, and soles, would suffer more in volume than they could in sense. We could have wished here to introduce Mr. B. Clark's excellent description of this part, for it would have shown,

in a striking point of view, the different style of these writers.*

Between the constrated layers of ligament of which, in short, the internal frog is actually composed, there is a white, gelatinous, elastic ligament, which may be seized with the forceps, and becomes yellow with keeping, appearing then like an oleaginous fluid; this does not escape our discerning physiologist, he calls the whole organ the fatty frog, and makes, what he calls, the "bags of *oil*" perform most wonderful and extravagant functions.

Take a page of the quarto, 109:—"When, therefore, any pressure is applied to the horny frog from below, it ascends and presses on the cells of the sensible frog, and forces the 'bags of oil,' upwards and laterally against the side cartilages. *If* the cartilages had been fixed, this pressure *would have been* often so considerable on the sensible frog, as probably (very improbably) to occasion lameness. The sensible frog can receive no pressure from the coffin-bone above, but at the toe, which is the only part attached to the coffin-bone: this part is more firm in its texture than other parts; and, unlike the remainder of the frog, is attached to two fixed points, the coffin bone above, and horny frog below, and from this inelastic connexion, the toe of the frog would be likely to be bruised, *if* that part of the frog *had been* placed immediately under the centre of the weight."

This is a whole page, and a very fair specimen of Edward's logic, proving with some pains, that things *would have been* different, *if* they had not been as they are.

Having now described the parts of the foot separately, we shall attempt as concisely as possible, to explain his ideas of their combined action: his plan, his working theory, which to our readers who are aware of the simple elastic construction of the horse's foot, will appear complex and ridiculous enough; though to others, unprepared with this previous knowledge, its complexity has been too often its unanswerable charm.

* This description may be seen, page 31 of his elegant work.

It appears, then, by the Professor's book, that when the horse puts his foot to the ground, "the frog comes in contact with pressure," and ascending, is met by the counter-pressure of the shuttle and coronet bones, which squeezes those important "bags of yellow oil" of which, by his account, the heels are chiefly composed, to right and left against the "side cartilages" which are forcibly distended, and even sometimes, he says, "in danger of being dislocated" by the violence of this compression. Thus, by the intervention of a bed of "yellow oil" is concussion prevented, and the foot relieved, and all this is supposed to take place within the hoof, without any direct expansion of the crust or wall; now the weight being removed, said "bags of oil" return to their situation; another step, the frog again ascends, again are the "bags" put in requisition, and once more the poor cartilages are threatened with dislocation! Encore! encore! long live the Professor!

Comments are superfluous; we need only observe, that the "bags of oil" do not exist, that the cartilages have little or no motion, being completely fixed to the coffin bone at their base; and, finally, that the foot naturally relieves itself by a general expansion of the heels, and quarters under the weight of the animal, without the assistance of his bags, oil, or ascending machinery. "This expansion (to use Mr. Clark's concise words) is prevented by the nails in common shoeing—hence the error of its principle and its mischievous effects."

Mr. Coleman refers contraction of the hoof to the plausible but inadequate cause of stable heat and dryness: in such cases, pressure to the frog, per patent artificial, seems, by the following paragraph, p. 120, to be of the ut-*most* importance:—

"When, therefore, the hoof is *most* heated, and the moisture *most* evaporated, the crust is *most* disposed to contraction; and during this period, pressure to the frog is *most* wanted, to open the cartilages, and

resist contraction of the quarters: that is while the horse is in the stable, then the *sensible* and *horny frog* are *most* of all deprived of pressure, when their functions are *most* particularly required."

What a superlative composition! Oh, most profound Professor, we lament that our space will admit but a few of your *most* distinguished blunders.

The following, however, may well claim a place:—

P. 128.—"When the frog touches the ground, the cartilages, in consequence of the ascent of the horny and sensible frogs, would be liable to be dislocated from the coffin bone, if they were not limited in their action by a surrounding *ligament* which *takes the name of coronary*. It is attached by its lower edge to the origin of the sensible laminæ, and above to the *skin*."

Now this imaginary *ligament* has been first truly described, and its real functions assigned, by Mr. Clark, who has called it simply the cutis dura, and proved it to be nothing more nor less than a continuation of the true skin, and inseparable from it, except by undue cutting with the knife, forming the secreting gland, or cornufacient agent of the wall of the hoof, and though no more like a *ligament* than the horse's lip, it is still a most important organ. "This ligament is inserted," the Professor says, "into the very extremity of the heels of the sensitive frog;" a proper place truly for the insertion of a *ligament* (if it really were one) in the softest part of the whole foot among "bags of yellow oil," &c.

The fact is, (for we shall extract no more of its form, structure, and economy,) that Mr. Coleman in dissection has cut away the skin above the hoof, and, on withdrawing the foot from its recess, has been presented with this thickened prolongation of the cutis, filling the coronary concavity of the hoof, and mistaking it for a ligament, has ascribed to it various important functions, the chief of which, p. 130, is that of "preserving the cartilages in their proper situation," over which, from the nature of their connexion, it can have no control. At the same time, the Professor does not wholly overlook its only true use, that of secreting the wall, he admits that its covering is glandular. But this he seems to consider as its minor office, and ascribes the formation of horn chiefly to the "laminæ;" asserting, that the "crust continues to receive (from them) an additional quantity of horn during the whole of its descent."

Now this does not appear to be the case from an examination of a perpendicular section of the hoof, the fibres of which may plainly be seen running parallel from top to bottom; and it is contrary to all that is known respecting the growth of every analogous part, as, for instance, the human nail.

The author is in error, and there, for the present, we must leave him; for although our gentle remarks are not exhausted, the patience of our readers may be; to them we must apologise for the preceding nonsense, which, had it emanated from any other source than the Professor's Chair, would have drawn no remarks from us.

A curious dispute, we observe in the last Number of the Edinburgh Medical and Surgical Journal, has arisen, on the subject of medical jurisprudence, between a youthful professor of the far-famed University of Edinburgh, who has studied more in the closet than the field, and hence is better qualified for the office of the pedant than of the medical judge, and a republican lecturer who has fought disease in every form and in every quarter of the globe, and whose life of desultory warfare has taught him to rely more on the dictates of common sense, than on any of those singularities which are so well adapted to captivate the mind of the unpractised theorist. The statements which Dr. M'Intosh directed towards the consideration of the jury, were what every plain and sensible practitioner, who spoke

from personal observation, must have given; and we can have no hesitation in thinking, that if he had submitted any other, or given the opinions of Dr. Christison, he would most improperly have influenced the minds of the jury, and perverted unjustly towards the prisoner at the bar, the ends of justice. In a case which involves life and death, a jury surely ought ever to be directed by the general rule, and not by the solitary exception.

That Dr. M'Intosh, in his extensive practice, should have seen patients die of cholera morbus in this country, in two or three days, we can readily conceive, since in London it is no uncommon thing to find them in twelve hours reduced to a state of the most imminent danger. If the disease were left to follow its own course, there can be little doubt that death would frequently occur within that time. In short, we can see no proper motive, nor any foundation for those strictures which have emanated from the young professor on Dr. M'Intosh's sensible evidence. He is evidently but little acquainted with "the slings and arrows of outrageous fortune;" but the lesson which he has received will probably make him "ponder awhile," ere he again precipitate himself into such "a sea of troubles."

We cannot allow Dr. M'Intosh to pass before us, without expressing our admiration of his manly and liberal-minded conduct in opposing every corrupt or unprincipled measure which has been agitated in the College of Surgeons of Edinburgh; his honourable example has conferred lasting benefits on its medical school.

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ERRATUM *in last week's List*:—

For "—— Hatlan, Esq., Walworth," read *Hallam*, Esq., Walworth.

ANEURISM OF THE ARTERIA INNOMINATA.

MR. WARDROP has again triumphed over the prejudices of preceding and contemporary surgeons, by tying the subclavian artery in a case of aneurism, in which the arteria innominata was involved, the carotid being obliterated. We give the details below, and no one can peruse them without concluding that Mr. Wardrop is a highly philosophical surgeon.

Case where the Subclavian Artery was tied, in an Aneurism of the Arteria Innominata. By JAMES WARDROP, Esq. Surgeon to the King.

IT is now two years since I first operated on a case of carotid aneurism, by placing a ligature on that artery *beyond*, or at the *distal*

side of the tumour, instead of tying the vessel on the cardiac side of the aneurism, according to the principles of John Hunter's operation. Since that period, the subject has occupied a good deal of my attention, and reasoning from the result of that interesting case, as well as from the consideration of some important pathological facts, more particularly from an inquiry into the modes and processes which Nature employs, when she has been able to effect what has been called a "spontaneous cure" of an aneurism, it has appeared to me, that the *principle* of operating employed in that case may be of extensive practical application, and fill an important chasm in the treatment of the most formidable and dangerous cases of that disease.

It has commonly been conceived, that for the cure of aneurism, according to the Hunterian principle of operating, it is requisite that the flow of blood through the aneurism should be entirely interrupted, in order to admit of the coagulation of the blood in the tumour. But in an Essay on this subject, which ere long I hope to bring before the public, I shall attempt to show, by numerous observations and dissections, that this doctrine is erroneous, and that it is sufficient for the cure of an aneurism that the impetus of the blood through it be diminished, and that under such circumstances, laminæ of coagulable lymph are formed within the parietes of the sac. Whether these laminæ are simply separated from the mass of blood within the tumour, or whether they are formed by a process of effusion analogous to what we know takes place when lymph is formed on the surface of an inflamed serous membrane, I cannot pretend to say, though it is a question of intense interest as regards the cure of the disease; but there is no doubt that the thickening of the parietes of an aneurismal sac, by the addition of laminæ of coagulable lymph, is a process very different from the simple coagulation which takes place when blood is removed from the body.

Admitting that this view of the subject be correct, and that it can be shown that both the process employed by nature, as well as the operation on the Hunterian principle, do not necessarily require a complete stoppage of the circulation of blood in the tumour, it seemed to me a rational practical inference to deduce from such observations, that in cases of aneurism of the arteria innominata, where it was deemed impracticable to tie the trunk of the vessel, the progress of the disease might be arrested by tying its two great branches, the carotid and subclavian, and that although a certain proportion of blood would still continue to pass along the innominata to those branches of the subclavian which would remain open on the cardiac side of the ligature; yet such would be the diminution of the impetus of the blood in the innominata, that the process of the thickening of the parietes of the sac would be allowed to go on, and thus the future growth be prevented, or even a diminution of the aneurismal swelling take place. The following case appeared to me to afford a favourable opportunity of performing the operation, and particularly from the circumstance that nature had already obliterated the carotid artery, and therefore it was only necessary to place a ligature on the subclavian.

CASE.

On the right side of the neck of Mrs. A., ætat. 45, there is observable an unnatural throbbing, which, when the hand is placed upon it, is found to be produced by a pulsating tumour of the size of a turkey's egg, whose base is situated under the upper portion of the sternum, while its apex emerges completely from the cavity of the chest, appearing in the neck at the inner side of the sterno-mastoid muscle. This tumour, though in some degree compressible, cannot be entirely emptied of its contents; its pulsations are vigorous, and synchronous with those of the heart. The strongest pressure applied to it will not stop the circulation of the blood through the subclavian artery, although it diminishes the quantity which is transmitted.

The neck itself presents a remarkable appearance, the right side being much less full and plump than the left. The left half, particularly in the situation of the sterno-mastoid muscle, being more prominent than natural, whilst, in the right side, there is a distinct hollow in the course of the carotid artery, the tracheal edge of the mastoid muscle being reflected inwards. *No pulsation can be discovered in any of the branches of the right carotid artery*, although they have been most minutely examined; but in those of the left, the circulation is extremely vigorous. A pulsation, in the course of the trunk of the right carotid, is very perceptible, but this does not seem to arise from the circulation in that vessel, but from an impulse communicated by the tumour, a like pulsation being evident in every other part of the right side of the neck.

She has no other complaints in her chest. The contents of the thorax, after a most minute and careful examination with the stethoscope and by percussion, were found to be in a healthy condition, except at the upper part of the sternum, over a confined space, under the clavicular edge of the sterno-mastoid muscle, where the *bruit de soufflet* can be heard. She experiences severe pains, extending through the left side of the

head and neck, and a disagreeable sensation of throbbing in the tumour. She has, at times, great difficulty of respiration, which increases on the slightest motion to such a degree as to produce a sense of impending suffocation; she is obliged to use a high pillow. Her nights are very restless and disturbed; she sleeps but for short periods and is often obliged to get out of bed. Her countenance bespeaks great anxiety; her complexion is pale and sallow; she has suffered considerable loss of flesh; the primæ viæ are natural; the pulse frequent, full, and throbbing.

The disease commenced eleven months ago with difficulty of respiration, cough, and severe pains in the chest, head, and neck, which she considered to be rheumatic. About five months afterwards, she accidentally observed, when washing her neck, a pulsating tumour above the sternum, which very slowly but perceptibly increased. It was attended by a violent and distressing throbbing; in three months the tumour decidedly increased. Small bleedings were now frequently had recourse to; she took digitalis, was kept on a low diet, and in a state of the most perfect quiet. This plan of treatment alleviated the severity of the symptoms, and seemed to stop the progress of the disease. The tumour, however, during the last three weeks, has most rapidly increased in bulk, which has been attended with a great increase also in the difficulty of respiration, cough, distressing sense of suffocation, and violent throbbing in the tumour and neck. The integuments covering the apex of the swelling have, within these few days, become painful. A fortnight ago, Mr. Searle's ingenious instrument was applied to compress the humeral artery, in order to diminish the current of blood through the aneurismal tumour, but the patient could bear the necessary pressure only for a short time.

As there were no reasonable grounds to hope that the distressing situation of this patient could be relieved by any further medical treatment, as the aneurismal tumour had begun so rapidly to increase, and as there could be little doubt of the disease speedily advancing to a fatal termination, it therefore appeared to me a plausible measure to tie the subclavian artery, as the only possible chance of saving her life. Accordingly, on Friday last, the sixth of July, I performed the following

Operation.

The arm was placed downwards and backwards, and the head turned to the left side. I found great advantage from placing a solid semi-cylindrical block of wood under the neck, for securing the head in a steady position. Two incisions were made through the integuments, one parallel to, and immediately above the clavicle fully four inches in length, and the other parallel with, and immediately above the edge of the clavicular portion of the mastoid muscle. These two incisions met at an angle upon that muscle close to its insertion in the clavicle; the superior termination of the incision extended close to the external jugular vein, which was not endangered. Instead of first dissecting back the skin, and then the platysma myoides and cervical fascia successively, I made the incision at once through these parts, safely guided in doing this by cutting down at once as deep as the fibres of the sterno-mastoid muscle. I was thus enabled, by one dissection, to raise a triangular flap formed of skin, platysma myoides, and fascia. By this method, the supra-clavicular space was distinctly exposed, and the numerous veins and arteries were only once divided. I allowed the bleeding of these, which was by no means profuse, to cease, and it was not necessary to tie any of the divided vessels. The remaining part of the operation was performed with a blunt-edged silver knife, and so trifling was the hæmorrhage, that every part concerned in the subsequent steps of the operation could be distinctly seen.

The fat which fills up the supra-clavicular cavity in which the subclavian artery lies, was pushed aside, and the deep fascia which extends between the omo-hyoideus muscle and the first rib, and which in this case was remarkably strong, was exposed. A single silk ligature of moderate thickness was now tied round the vessel; the wound was closed by a few stitches and adhesive plaster. She endured the operation, which was completed in less than ten minutes, with the greatest fortitude. The pulse at the wrist ceased; no pulsation could be detected in the right carotid artery or its branches. She complained of a smarting pain in the wound for an hour. There was an immediate relief in her breathing, which now became free and tranquil, and this change was more striking as during the preceding twenty-four hours she had suffered an unusual degree of suffocating dyspnœa, during which her countenance was observed by her husband to be of a dark leaden colour, and to express much anxiety. The peculiar sensations which she complained of in her head were also removed. Although it could not be positively stated that the tumour perceptibly diminished, there was certainly no increase, and the patient herself distinctly expressed, that she felt a decided diminution in the strength of the beating, which was confirmed by my own observation. Since the operation has been performed, (which is now six days,) she has not experienced the

slightest pain in the wound, and there is little appearance of inflammation; the wound looks healthy, and discharges a small quantity of pus.

Twenty-four hours after the operation, a very slight pulsation could be observed at the wrist, which has continued without an increase of force; the temperature of the arm has not been altered, and she has had no numbness or loss of power in it. The remarkable relief which she experienced in her breathing and in the throbbing of the tumour immediately after the operation, has been permanent; neither have the uneasy feelings in her head returned. She has continued to lie in the horizontal posture ever since the operation with perfect ease, and her breathing appears perfectly natural. She has also enjoyed a very refreshing night's sleep, of which she had been long deprived. The anxious character of her countenance has entirely subsided, and there only remains that appearance which belongs to a person who has undergone considerable depletion.

The operation has not been followed by any febrile excitement; and although the pulse continues rather more full and frequent than natural, the skin has remained cool and moist, the tongue clean, and the bowels perfectly regular.

Charles Street, St. James's,
Thursday, July 12, 1827.

ELECTION AT ST. BARTHOLOMEW'S.

To the Editor of THE LANCET.

SIR,—Your last Number contains a letter, headed "Exculpation of Mr. Abernethy," from Mr. Skey, in a postscript to which, he says, "the substance of the above letter was sent to Mr. Salmon on the 21st of June, a few days after the appearance of his Circular."

I certainly received from Mr. Skey the same "Exculpation of Mr. Abernethy," as he (Mr. Skey) has now submitted to the Governors of St. Bartholomew's Hospital and the profession, through the medium of your highly serviceable Publication; and I am acquainted with no better mode of placing the matter at issue *betwixt Mr. Abernethy and myself*, in its true light, than by requesting you will publish the letter Mr. Skey has alluded to in his postscript, with my answer thereunto, copies of which are annexed.

Since Mr. Skey has voluntarily taken upon himself to be Mr. Abernethy's champion, he will perhaps show wherein the difference consists, of Mr. Abernethy *permitting* him to publish his recommendation written two years since,* and his giving him a *fresh* one—the sense and effect are obviously the same; and here I may fairly add, that from the *manner* in which Mr. Skey used † that two-year-old document, no other impression *could* arise, or was intended to be conveyed to the governors, than that it had been *written* at the *present* period.

Mr. Skey having stated the substance of his conversation with Mr. Abernethy, *subsequent* to my application to that gentleman, he will, perhaps, be so good as to narrate what took place between himself and Mr. Abernethy *prior* to my application; in other words, inform us *when he obtained his permission to publish* the *certificate* in *question*.

It is my wish to forego any comment upon the first part of the last paragraph of the letter Mr. Skey transmitted to you—that Mr. Abernethy's recommendation has been of the most essential service to Mr. Skey, no person can doubt.

I am, Sir,
Your very obedient servant,
FREDERIC SALMON.

30, Bucklersbury, July 10, 1827.

Copy of Mr. Skey's letter to Mr. Salmon, alluded to by Mr. Skey in the postscript to his letter, to the Editor of THE LANCET, July 7, 1827:—

Southampton Row, June 21, 1827.

MY DEAR SIR,—In reference to a Circular issued by you on June 14th among the Governors of St. Bartholomew's Hospital, conveying an impression of insincerity towards you on the part of Mr. Abernethy, I beg leave to state to you, 1st, that Mr. Abernethy assured *me*, so late as June the 20th, that he did not consider an election probable, and even expressed disapprobation at my canvassing; and, 2dly, that his testimonial, published in my Circular, has been *two years* in my possession. Believe me, my dear Sir, yours, very truly,

FREDERIC C. SKEY.

To Frederic Salmon, Esq.

Copy of Mr. Salmon's answer to Mr. Skey:—

30, Bucklersbury, June 21, 1827.

MY DEAR SIR,—I hasten to reply to your letter of this morning: if my Circular to the Governors has conveyed any incorrect impression, *it is not any fault of mine*; I simply placed before them facts, from which every one is capable of drawing his own inference.

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* Was this ever published before? if so, *when*?

† Vide Mr. Skey's Circular to the Governors.

What Mr. Abernethy may have said to you on the 20th, (yesterday,) cannot alter the circumstances alluded to in my Circular of the 14th inst., respecting which, *he (Mr. Abernethy)* has the power, *if he wishes, of obtaining any explanation from me.*

You yesterday stated, when we accidentally met in Gilspur Street, that you had had Mr. Abernethy's recommendation of you (which you published) in your possession two years; *you also added*, that you used it now with his sanction, "that you had asked him for a certificate some days before I wrote to him," and that he answered, "what more would you have than that I have given you already."

I cannot, therefore, see in what respect I have committed any error; be assured of this, if you will show me wherein it consists, I will do all in my power to correct it.

I am, my dear Sir,
very faithfully yours,
FREDERIC SALMON.

To Frederic Skey, Esq.

THE FACULTY OF PHYSIC.

To the Editor of THE LANCET.

SIR,—Though little disposed for controversy, I feel it a duty not to overlook the unprovoked attack which your correspondent Mr. Simpson has, in a letter which appears in your Journal, made on the "Faculty of Physic." This effusion was obviously penned under excited feeling; that it was also written in total misconception of the subject which he volunteered thus to discuss, I trust I shall prove even to his own conviction.

Mr. Simpson's charges against the yet unavowed associates, when stripped of declamatory matter, are resolvable into two,—namely, that the object of the association is purely selfish, the plea of public good being mere "cant,"—and that it is a direct attack on the general practitioners. As Mr. Simpson has not condescended to adduce a single ground for either imputation, resting both on his own mere assertion, I am consequently saved all trouble of refuting either facts or arguments. To grapple with such an opponent is therefore no easy matter; yet though reduced to the necessity of proving a negative in opposition to gratuitous assertion, I shall not shrink from an exposition, which I trust will satisfy the profession, that Mr. Simpson's philippic has been hastily conceived and as hastily inserted. Unsupported as are his allegations, I might, perhaps, leave them to their fate, regardless of this telum imbello; but heedless readers, some of whom I apprehend may be found among yours, too often mistake bold assertion for proof, and construe silence, even under groundless accusation, into admission of guilt. Regard for truth, for the interest of my profession, and for the colleagues with whom I am associated, as a member of this abused faculty of physic, forbids me acquiescing in either assumption. I proceed to consider the foregoing charges; and first, the alleged selfishness of the associates. For perspicuity, I shall at once consider this as culpable selfishness, by which partial interests are sought to be advanced to the injury of competitors, or of the public; for Mr. Simpson is too enlightened to contend that the pursuit of self-interest is in itself a crime. If we admit with the philosophic poet, that "*true* self-love and social are the same," then is self-love, abstractedly considered, a public virtue. The good of the whole must consist of the good of its several parts, and he who in pursuing private ends ministers to the public good, is a public benefactor—such pursuit can only be culpable when the welfare of others is compromised; this therefore, must be the charge which Mr. Simpson brings against the associated physicians. I might reasonably ask, what conduct on the part of the associates has subjected them to this harsh accusation; but I wave the right of making such demand, and am content to prove, that however groundlessly alleged, it admits of ample refutation. What do the associates profess? Merely to coalesce for mutual protection and support. What do they seek? Not to restrain others, but to be unshackled themselves. By what means do they contemplate the attainment of their objects? The following declaration, taken from their printed circular, abundantly proves that they meditate no encroachment on the rights or interests of others, and it ought to have protected them from the groundless charge of hostility to the general practitioner. "It is *essential* to the objects in view, that there should be no limitation to the number of *any of the branches of the medical profession*, excepting what is imposed by the demand; that there should exist complete emulation and unrestrained competition among their members; that the public should have a free choice of their medical attendants," &c. I seek in vain, Sir, in the foregoing extract, or in any other declaration of the associated physicians, for that spirit of selfishness with which they are charged; does this clear and open avowal of principle evince hostility against any branch of the profession? Does it contend for exclusive powers to the injury of others? Does it aim either directly or covertly at provisions for restraining the public in their choice of medical attendants,

or compelling them to employ physicians instead of general practitioners? The physicians are, I trust, too enlightened even to conceive a project so hopeless, and Mr. Simpson will, I hope, in candour admit that they have furnished no ground for the injurious suspicion. The physicians then aim at supporting their own interests, without evincing or feeling hostility to others. To fair competition, Mr. Simpson, I apprehend, will not deny their just claim; and, if it shall appear that under the present system of medical polity, and the mode in which existing laws are administered, they possess not this, he will, I trust, have candour to allow not only that they are fully warranted in seeking the restitution of rights, too long withheld, but that it is their bounden duty both to obtain them by every constitutional means, and to procure from the legislature such further rights compatible with the public welfare, and that of the other departments, as their own just support may require. Why, Sir, are physicians to be debarred those efforts for self-protection, so sedulously made by all the other branches? Is it because they have hitherto been supine, that they are now to be denied the common right of all members of the body politic, as if requiescence in usurpation and injustice had nullified their claim ever to utter a complaint. What, Sir, is the condition of the great body of physicians throughout the kingdom? Certainly the most unprotected of any body of equal extent and respectability that exists. A chartered College was founded centuries ago for upholding their interests, and how has it treated them? By an usurpation of authority the most signal that even corporate corruption can display; it has made them outcasts and aliens, limiting all corporate rights and privileges to a chosen few, and marking even its own licentiates as a degraded class. Is this a condition, Sir, to which the physicians of England are bound to submit? and may they not struggle to free themselves from the unworthy shackles thus arbitrarily imposed on them, without being accused of culpable selfishness, or of meditating attacks on the other departments of the profession, with which they have no disposition to interfere, nay, which they actually uphold by contending for the principle of free competition. If the public are free to employ general practitioners, should they not be equally so to employ physicians when their services are preferred. Why is it that physicians at all exist beyond the pale of the London College, under a system which has so powerfully tended to annihilate them, if the public need them not; and if the public require their aid, ought they not to be free to afford it unshackled by vexatious restrictions, and secure from legal penalties? The relative merits of the respective branches is happily not here the question, and I willingly leave Mr. Simpson in the full enjoyment of that complacency, with which he regards the general practitioner as the most enlightened and most useful member of the profession. Without disputing his conclusion in this respect, I found my claim for some protection for the physicians on the humbler presumptive that they are not wholly useless; and I rest this on the broad fact, that the public have supported them for centuries under a system of illegal tyranny, which, were it not for this support, must have sunk them into annihilation. On this ground alone do I claim for them that equal protection from the laws of the land to which they are entitled, in common with all other servants of the public; and if in seeking this protection, self-interest be an impelling motive, I am persuaded that Mr. Simpson will not, on calm reflection, deem it worthy of blame.

I conceive, Sir, that I may now pass over the second charge, for as the major includes the minor, if I have succeeded in showing that the Faculty of Physic designs no encroachment on the rights or interests of any other body, a fortiori, they are blameless of the imputed attack on the general practitioners.

If Mr. Simpson will do me the favour to turn to a few short papers which I doubt not are to be found in his own library, he will find that I have treated the claims of the general practitioners with more justice and consideration than he has shown for those of the physicians. In the 14th volume of the Edinburgh Medical Journal, p. 1, he will find an exposition of the general state of the profession, which advocates the cause of the general practitioner more forcibly than has yet been done by any member even of their own body. Another, corresponding in principle, may be seen in the 30th volume of the London Med. and Phys. Jour. p. 265. If he is disposed to examine the state of the physician's department, and acquaint himself with the manifold grievances which they have long endured, he will find a full representation in the Edin. Med. Jour. Vol. XVI. p. 479.

I now take leave of Mr. Simpson in perfect good will, for I do not regard his attack as premeditated, or as intended to inflict injury on the unoffending. Humanum est errare; he has hastily imagined offence, and expressed himself accordingly. I put it to his candour whether his own department is likely to be raised by the jealousy so causelessly displayed, and whether charges so unfounded ought not to be withdrawn.

I am, Sir,

An Associate of the Faculty of Physic.

June 25, 1827.

HOSPITAL REPORTS.

ST. THOMAS'S HOSPITAL.

WOUND OF THE DEEP BRACHIAL VEIN, FOLLOWED BY EXTRAVASATION OF BLOOD, AND SUBSEQUENT GANGRENE OF THE FOREARM.—AMPUTATION OF THE LIMB.

(A supposed Case of false Aneurism from wound of the Artery.)

W. Painter, 35 years of age, a muscular man, of dark complexion, was admitted into the Hospital, under the care of Mr. Tyrrell, on the 28th of June, on account of extensive inflammation in the left arm.

The account which the patient gave, in the admission room, was, that he had been engaged in a drunken scuffle about a month previously, when he was forcibly stabbed in the arm with a knife. The wound did not bleed much at the time of its being inflicted; but in the night, or rather early on the following morning, profuse hæmorrhage ensued; the blood was of red colour; and when questioned as to the quantity lost, he repeatedly affirmed that it amounted to half a gallon. The bleeding ceased spontaneously; but he went to a surgeon, who dressed the wound with adhesive plaster, and feeling no particular inconvenience from it, he resumed his employment. On the third day, however, after the accident, the arm became much swollen, and very painful. We omitted to remark, that from the time of the accident the whole arm had the appearance of being bruised. On looking at the limb, as the patient sat in the admission room, we found that there was excessive swelling and tension, with discolouration of the skin, from the shoulder downwards. He was immediately seen by Mr. Tyrrell, and ordered to Luke's Ward. Twenty leeches to be applied to the limb, with the subsequent use of poppy fomentation, and a linseed meal poultice. A dose of calomel and opium at bed time. We were prevented from seeing the patient on the following day, Friday the 29th, when a further application of thirty leeches was made, and a dose of laudanum was given at bed time.

Saturday, June 30. We find the upper arm very much swollen, very tense, especially on its inner side, and the skin of a purple, or rather chocolate, colour. The tumefaction extends to the point of the shoulder; and the skin at this part, and as far down as the anterior fold of the axilla, is of a dusky red colour; beneath this point the purple appearance commences, extending nearly to the elbow. The intervening portion of the limb, from just above the elbow to the lower third of the forearm, is less swollen and tense than the parts above. On the radial side of the lower third of the forearm, is a large dark vesicle filled with fluid, and extending down as far as the wrist. Another vesicle commences from the wrist, extends to the extremity of the metacarpal of the fore finger, and along the thumb. The hand is cold, livid, and almost devoid of sensation; there are numerous small vesicles on the ulnar side of the little finger. The vesications commenced yesterday.

In the upper arm, on the outer side of the biceps, and at rather less than the midway of its course, is a wound of about a third of an inch long, and having a dark bloody appearance, and apparently closed with coagulated blood.

The pulse is sharp and quick, the tongue slightly furred, but moist; the countenance somewhat anxious; the arm is very painful; and what is especially worthy of remark, the pain occurs in paroxysms. On applying the hand to the inside of the upper arm, where the tension and discolouration, as we have remarked, is greatest, an obscure diffused pulsatory motion is felt—a general throbbing of the mass, if we may so express ourselves. The radial pulse, it may be well to remark, could not be felt. Mr. Tyrrell to-day, after taking all the circumstances of the case into consideration, said, that he was of opinion it was "*a case of spurious aneurism from wound of the brachial artery.*" The only effectual treatment, therefore, was to amputate the limb; but the great extent of inflammation in the skin, about the shoulder, forbade its immediate adoption. He anticipated that, in the course of a day or two, there would be a subsidence of the inflammation, when he should at once proceed to operate. With this view of the case, and acting on these principles, Mr. Tyrrell directed a further application of leeches.

July 1. The pulse continues very quick; the tongue furred, and somewhat dry. The pain in the limb occurs with great severity, and in paroxysms as before, but there is much less of redness about the shoulder than at the time of admission.

2. The appearance of the limb is much the same. Mr. Tyrrell thought, however, that there was an obvious thinning of the skin on the inside of the forearm, and expressed his apprehension that ulceration would take place, and hæmorrhage ensue, of a most alarming kind. He therefore deemed it prudent no longer to defer the operation, especially as there was now a hand's breadth of integument, from the point of the shoulder, free from redness; and having obtained the concurrence of his colleagues, and the consent of the patient,

the operation was undertaken. Mr. Tyrrell, as we understood him, had determined on removing the limb at the joint; but Mr. Travers, on seeing the case, expressed his opinion, that the limb might be removed by sawing through the bone, immediately beneath its tubercles—a piece of advice, by following which, no small embarrassment was occasioned.

The object of the operator was to form a single flap from the deltoid muscle, in the same manner as in the operation at the shoulder joint. A curved incision (having its convexity downward) was made, commencing at the outer and back part of the arm, and terminating nearly opposite to the anterior axillary fold. On cutting through the soft parts underneath, by a circular incision made to correspond with the former, a great quantity of extravasated blood was found; and when the artery was divided, it bled so freely, notwithstanding Mr. Travers was making very firm pressure on the subclavian, that an attempt was made to secure the axillary artery previous to sawing through the bone, but this could not be effected. And when the limb was entirely removed, so great was the retraction of the artery, that upwards of half an hour elapsed before it could be secured. The small portion of bone which remained, offered the principal impediment to securing the vessel; but the circumstance of Mr. Tyrrell holding his knife obliquely, in making the lower incision, so as to cut upwards toward the axilla, with a view of avoiding diseased integuments, might also contribute to the difficulty; the artery at this part also being surrounded by, and so intimately connected with, the plexus of nerves, was another source of embarrassment. The axillary vessel being secured, a temporary suture was passed through the integuments, and the patient put to bed; but no further hæmorrhage ensuing, the wound was properly closed with suture and strapping, not the common adhesive strapping, but some prepared with equal parts of this plaster and soap plaster, which Mr. Tyrrell is in the habit of employing.

A considerable degree of constitutional irritation succeeded the operation, or rather, we should say, continued after the operation. On the second day, in the afternoon, the skin was hot, and pulse very rapid; he had, however, obtained some comfortable sleep on the preceding night, and his bowels were freely open with castor oil. Mr. Tyrrell, on visiting him in the morning, had allowed him to take some porter—in consequence, as he remarked, of a want of power indicated by a hesitation in the pulse. On the third day, in the evening, diarrhœa came on—he had taken some eggs, and a pint of porter. The porter was discontinued, and six ounces of wine substituted. Nothing material occurred to the 9th, (one week after the operation,) on which day the dressings were completely removed. The lower part of the wound had a sloughy appearance, a large portion, however, had united; the pulse continued quick; but Mr. Tyrrell was of opinion that, upon the whole, the man was doing well. But, on the same evening, about ten o'clock, an alarming change took place; there was violent pain in the wound, great restlessness, and the pulse became very small and feeble.

On the 10th, at mid-day, the poor fellow was evidently sinking; the countenance was anxious, skin cold, pulse very rapid, and, at times, scarcely to be distinguished. There was œdematous swelling of the parts about the shoulder-joint, and also to a considerable extent around. Some brandy was given at intervals, and the dressings were partially removed. The poor fellow continued to get worse, and died at six o'clock in the evening; he was exceedingly restless a short time before death, but was perfectly sensible.

The limb was inspected on the day after the operation. The appearances may be very briefly related: there was no wound of the brachial artery, no "spurious" or any other kind of aneurism.* The knife with which the wound had been inflicted, had transfixed the vein accompanying the artery, (running on its outer side,) and hence the extensive effusion of blood between the muscles, which occasioned the tension and tumefaction of the upper arm. The diffused pulsatory feel communicated to the hand, was therefore given to the mass from its contiguity to the artery. With respect to the gangrene, this was but superficial, merely affecting the skin. The muscles of the fore-arm were, however, much paler than natural, and there was considerable serous effusion in their connecting cellular tissue.

An examination of the body was made on the 12th, but little satisfactory was found, however, to account for the fatal termination. There was no visceral disease to be detected; the soft parts about the shoulder had a dark gangrenous appearance, and upon cutting into them, the cellular tissue was found to be gorged with fluid. The axillary artery and vein presented no morbid appearance.

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* Always craving permission, be it understood, of the hotch-potch editor, *surgeon* Johnstone, late of Carrickfergus, that we know what constitutes an aneurism, and hoping that we shall not attempt to find a distinction between aneurismal varix and varicose aneurism.

ST. BARTHOLOMEW'S HOSPITAL.

"SOUND CHIRURGICAL" EXHIBITED IN A CASE OF FEMORAL ANEURISM,

*Wherein the Tumour was regarded by the pure Surgeon and Physician of a Public Institution as a Phlegmonous Abscess, it being proposed to thrust in a Lancet, and discharge its contents.**

E. B., æt. 42. This patient, about five months since, discovered a small tumour somewhere about the lower third of the thigh, of the size of a Spanish nut, which, to use his expression, had a "jerking sort of motion." The knowledge of the circumstance gave him no disquiet, and he allowed it to proceed in its progress for three months subsequent, without seeking any advice, at the end of which time it had greatly augmented in bulk. He now began to limp, and the tumour becoming the seat of occasional severe shooting pains, he was induced to go to a certain Public Institution, when he was seen by a pure surgeon and physician of the establishment, who informed him that he had an abscess forming, that the part must be well bled by leeches, that he must foment and poultice it, and that when it was "*ripe*" they would *open* it and let out the *matter*. The man did as he was bid; he followed the advice of this man of "enlarged intellect," this *self-elected* professor of "sound chirurgical" and cantab—selected for their deficiencies and "professional no-knowledge," as the fittest and best qualified for relieving the maladies and manifold diseases of the sick and suffering poor entrusted to their care—he leeched and fomented and poulticed the tumour, yet, notwithstanding a long continuance in this *judicious* plan of treatment, the outward characters of the swelling gave no indications of an "inward ripeness;" and finding that he had got from bad to worse, and perceiving before him no better prospect, he "*asked*" the advice of a *despised* "*General Practitioner*," who had attended him in a previous illness. This gentleman, after examining the tumour, and ascertaining a few particulars respecting its formation, decided at once that it was aneurism, and recommended him to get admitted immediately into a hospital, telling him that nothing but an operation could possibly benefit him. The man willingly assented, and he was admitted into this Hospital under the care of Mr. Lawrence.

The aneurism, which is situated within about an inch of the lower third of the right thigh, has attained considerable bulk. Its pulsations are evident, synchronous with the heart's action, and arrested by compressing the artery in the groin. The pulsations of the anterior and posterior tibial arteries can be distinctly felt. Inf. sennæ co. ℥iss. statim.

June 7. Having a hot and dry skin, foul tongue, and hard and full pulse, with headache, &c., he was bled to ℥xiv.

8. Has passed a restless night. Complains of pain in the tumour. His bowels are costive, and he has a coated tongue. To take a dose of calomel and jalap immediately, and afterwards some house medicine, and should he be at all feverish in the evening, a further abstraction of blood to be made to the extent of ℥xvi. Having taken two doses of house physic, besides the calomel and jalap, and the bowels having been pretty freely acted on towards evening, whereby he felt considerably relieved, a further abstraction of blood was deemed unnecessary.

9. To-day Mr. Lawrence passed a ligature around the artery; the vessel was easily secured. The ligature came away on the ninth day after the operation, and the case is doing very well.

It is worthy of remark, that there is a slight dilatation of the artery about the same situation in the left thigh; the vessel is very superficial, its tunics appeared thickened, and have a somewhat callous feel.

* As the case has fallen under our notice, we have followed the plan laid down by these "enlarged intellectuals," *and let the whole matter out*—and by the LEGITIMATE LANCET, *too*.

HOSPITAL OF SURGERY,

Panton Square, St. James's.

CASE OF SCROFULOUS DISEASE OF THE WRIST JOINT—AMPUTATION OF THE FORE-ARM.

JOHN T——, ætat. 40; his left wrist joint is much enlarged, and its surface inflamed and very painful. In each side of it there exists a fistulous opening, communicating with the cavity of the articulation; from these a large quantity of purulent matter is constantly discharged. The extremities of the radius and ulna can be felt by the probe to be carious. The ligaments which retain the latter in its situation have given way, and a dislocation of the extremity of that bone upwards has taken place. The motions of the joint are entirely destroyed. The fingers have become œdematous. The general health of the patient

has suffered exceedingly, his pulse is commonly about 120, and he has a distinct hectic exacerbation daily followed by profuse sweating. The disease is of two years standing, and is the result of a severe sprain.

Mr. Wardrop amputated the fore-arm about four inches above the wrist, by the *flap* operation. The incisions were made with a common large scalpel; no retractors were employed. This method of amputating affords, perhaps, a neater stump than any other.

On dissection, all the ligaments of the wrist and carpus were found remarkably thickened; the synovial membrane ulcerated, and the extremities of the bones entering into the composition of the joint, carious.

AMPUTATION OF THE ARM.

The boy, whose case of conical stump, with the singular appearance of the projecting bone, was reported in a former Number, has also undergone a similar operation to the above. The humeral artery was found completely obliterated at the point where the amputation was performed, and no vessels required to be tied. The edges of the wound united by the first intention, and the boy has been discharged from the Hospital.

TREATMENT OF ENTROPIUM.

Mr. Wardrop's simple operation for the cure of four cases of entropium, has been lately performed three times with great success. It consists in passing a needle through above an inch of the skin of the eyelid, close to the root of the tarsus, and then encircling this portion outwards by means of a ligature, placed so as to contract the skin, but not to prevent the circulation of blood through it. Inflammation is produced by the irritation of the needle, effusion of lymph takes place, consolidation and contraction of the loose cellular structure are effected, and a permanent eversion of the eyelid is the consequence.

This operation, which is attended by little pain and no deformity, is of course only applicable to those cases where the inversion depends on a diseased state of the palpebræ, and not on the irregular growth of the cilia.

MIDDLESEX HOSPITAL.

IMPROPER TREATMENT OF WOUNDS.

In this hospital, there lately happened rather an unusual occurrence, an operation. Mr. Shaw removed the mamma of a thin spare woman, about 50, who for several years had been afflicted with a scirrhous disease, which had lately terminated in open carcinoma. The tumour had become generally adherent to the skin, which was much puckered, and also to the fascia of the pectoral muscle; part of the latter was removed. The operator experienced considerable difficulty in bringing the edges of the wound together. The quantities of bandages and plasters applied to effect this purpose, would astonish any one not conversant with the practice of this hospital, in the treatment of wounds. Not only the wound itself, but also one side of the chest, were covered with plasters, running in every direction. Above these, two large compresses were placed, and then a broad flannel roller was applied over all. These were not by any means sufficient; a thick scapulary was next placed on the shoulders of the over-loaded patient, which required a common bandage applied round the body to keep it in position. To crown the whole, the woman's arm was confined in a large silk handkerchief, tied round the neck. It is really wonderful, that there should be surgeons who, in spite of the most convincing experience, will stick to ancient customs. Mr. Shaw remarked, that he did not think the wound would unite by the first intention; indeed how could it! with such an overwhelming mass of materials to cherish and evolve every latent spark of inflammatory action. We would, with all due deference to Mr. Shaw, recommend to his attention the successful practice of other hospitals in similar cases, viz., the use of stitches and very light dressings, without any bandages whatever. Many of those lamentable specimens of erysipelatous inflammation following wounds of different kinds, so frequently to be witnessed in the wards of the Middlesex hospital, would thus be prevented.

In a patient who was operated on, a short time ago, for strangulated hernia, where the wound is in a highly inflamed condition, and the hernial sac, which could not be reduced, in a state of sloughing, we have, day after day, heard Mr. Shaw order its edges to be brought together with adhesive strap, in the vain hope that they would unite by the first intention, when it is obvious to the youngest pupil, that poultices and cold applications ought to be employed.

It is very singular, that in an hospital whose movements are directed by the *great nervous philosopher*, the principles of the treatment of wounds should be so completely misunderstood.